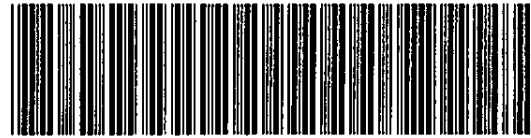


L10000059500



300185338333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

DEC 28 2010

EXAMINER

Office Use Only

12/21/10--01027--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 21 PM 2:51

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PCM Ventures, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Willa Fearington

Name of Person

Firm/Company

18753 SE Federal Highway

Address

Tequesta, FL 33469

City/State and Zip Code

wfearington@mstreet.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willa Fearington

Name of Person

at (**561**)

743-0014 x222

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PCM Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 3, 2010 and assigned Florida document number L10000059500.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

417 South Military Trail

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33415

Enter new mailing address, if applicable: _____

18753 SE Federal Highway

(Mailing address MAY BE A POST OFFICE BOX)

Tequesta, FL 33469

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address: _____

_____, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 21 PM 2:55
FILED

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AWD Management, LLC	416 Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Paolo Weston	417 South Military Trail West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Myron Miller	417 South Military Trail West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Chris Miquel	417 South Military Trail West Palm Beach, FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 20, 2010.

Willa A. Fearrington
Signature of a member or authorized representative of a member

Willa A. Fearrington
Typed or printed name of signee