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STUMBLASSEE FLORIDA

K. SALY EXAMINER MAR 9 2011

COVER LETTER

Division of Cor	rporations	
SUBJECT:	PY CAT COPY CENTERS, LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	JAMES G KNOLLMILLER Name of Person	
	KNOLLMILLER & ARENOFSKY LLP Firm/Company	
	1745 SOUTH ALMA SCHOOL RD #130 Address	
	MESA ARIZONA &S210 City/State and Zip Code	
For further information of	E-mail address: (to be used for future annual report notification)	
	TO CEITHING THIS MARTER, PREASE CAIR. AND LL MILLER at (480) 345 - 0444 Area Code & Daytime Telephone Number	
Enclosed is a check for th	ne following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

MAILING ADDRESS:

TO:

Registration Section

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

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SEUNLI ARY OF STATE
FALLAHASSEE, FLORIDA

(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 Liab	oility Company were filed on	FEB	16,2011	and assigned	
Florida document number L 110000 20	789				
This amendment is submitted to amend the follow	ring:				
A. If amending name, <u>enter the new name of t</u>	he limited liability company	here:			
The new name must be distinguishable and end with the "L.L.C."	the words "Limited Liability Co	ompany," th	ne designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET)	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO				_	
	 				
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our re	cords, enter the	e name of the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
			, Florida		
	City			Zip Code	

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>	Address	Type of Action
MGRM	JAMES KNOLLMILLER	1745 S. ALMA SCHOOL RO #130 MESP, ARIZONA 85210	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			_
			<u>-</u>
Dated	James Knollind	u_{\sim}	
	Signature of a member of AMES KNO Typed of	or authorized representative of a member メレ	

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Filing Fee: \$25.00