

✓  
**L11000043957**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

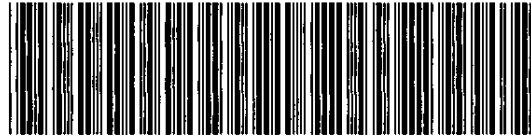
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**12 NOV 29 PM 5:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

B. BOSTICK

NOV 30 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PCI PUBLISHING, 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:

**Lenny Longo**

Name of Person

**PCI Publishing, LLC**

Firm/Company

**1202 Gary Ave - Suite 13**

Address

**Ellenton, FL 34222**

City/State and Zip Code

**llongo22@msn.com**

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

For further information concerning this matter, please call:

**Lenny Longo**

Name of Person

**941 705-6440**

at ( )

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

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TALLAHASSEE, FLORIDA

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

**PCI PUBLISHING, 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 04/13/2011 and assigned  
Florida document number L11000043957.

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Valerie P. Longo

New Registered Office Address:

1202 Gary Ave - Suite 13

*Enter Florida street address*

Ellenton

*City*

Florida 34222

*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.*

*Valerie P. Longo*  
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>
MGRM	Valerie P. Longo	PO BOX 161	<input checked="" type="checkbox"/> Add
		Ellenton, FL 34222	<input type="checkbox"/> Remove
MGRM	Jan Mats Israelsson	4624 Swordfish Dr.	<input type="checkbox"/> Add
		Bradenton, FL 34208	<input checked="" type="checkbox"/> Remove
MGRM	Lenny A. Longo	PO BOX 161	<input type="checkbox"/> Add
		Ellenton, FL 34222	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRET  
TALLAHASSEE, FLORIDA

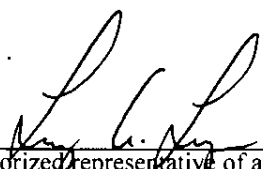
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Add  
Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 26th, 2012



Signature of a member or authorized representative of a member

Lenny Longo, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA