## L11000054491

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## **COVER LETTER**

.0.	Division of Corp				
SUBJE	CT.	PCF	EZFIX LLC		
SUBJE		· · · · · · · · · · · · · · · · · · ·	ted Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		12 SEB -11 BAILE.
Please 1	eturn all correspon	dence concerning this matter	to the following:		<u>}</u>
			É.		
	ORT				
Firm/Company 2114 N. FLAMINGO RD. 1113					
		DEMBO	Address  OKE PINES, FLORIDA	22020	
		FEIVIDAG	City/State and Zip Code	33026	
		E-mail address: (	ubject0@comcast.net to be used for future annual repo	rt notification)	
For furt	her information cor	ncerning this matter, please c	all:		
	Pa Name of I	tricia Fier	at (_954_)	410-2068 Daytime Telephone Number	<del></del>
	Name of 1	reison	Area Code &	Daytime Telephone Number	
Enclose	ed is a check for the	following amount:			
<b>₽</b> \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations		

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCEZFIX			Co Table				
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on a positive Company)	our records.)	1 8				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
The Articles of Organization for this Limited Liability Company	were filed on0	5/16/2011	and assigned				
Florida document number L11000054491			Ø n				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liabi	ility company here:						
SOUTH FLORIDA	PC SUPPORT, LI	.c					
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,"	the designation "L	LC" or the abbreviation				
Enter new principal offices address, if applicable:	2114 North Flan	ningo Road, #	1113				
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines,	FL 33028					
		· · · · · · · · · · · · · · · · · · ·					
Enter new mailing address, if applicable:	(same as a	bove)					
(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:							
New Registered Office Address:	2114 North Flamingo Road, #1113						
		lorida street addi					
	Pembroke Pines	, Florida	33028				
	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 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
P	PATRICIA FIER	10211 Pines Blvd., #302	
		Pembroke Pines, FL 33026	→ Remove
MGRM	LISA M. LOFTUS	2114 North Flamingo Road, #1113 Pembroke Pines, FL 33028	Add Remove
<del></del>			Add Remove
			AddRemove
			Add Remove
			AddRemove
D. If am		nge(s) here: (Attach additional sheets, if necessar	
	TO CHAILY PCE SO	OUTH FLORIDA PC Suppo	chunge to
Dated	Signature of a memb	Per or author/24 representative of a member	
		LISA LOFTUS ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00