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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: PCI,IRA,DJG,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:

DAN J. GILLIS Sr.

Name of Person

PCI,IRA,DJG,LLC

Firm/Company

1111 MOTORCOACH DR.

Address

POLK CITY, FL 33868

City/State and Zip Code

GPOPSGILLIS@GMAIL.COM

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

For further information concerning this matter, please call:

DAN J. GILLIS Sr.

Name of Person

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

PCI, IRA,DJG,LLC		
(Name of the Limited L (A F	Jability Company as it now appears on our recolliorida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number 4120000 24	bility Company were filed on	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	Enter Florida st	FIL 12 DEC 28 SECRCIAR FALLARIA #5
	City	Zip Gde
	• • • • • •	pa**

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 1	ype of Action
MGR	MELANIE J. GILLIS	1111 MOTORCOACH DR.	Add
		POLK CITY, FL 33868	Remove
MGR	KATHERINE M. PRIBBLE	3814 ROCK CREEK DRIVE	Add
		UNIT F	Remove
		FT. COLLINS, CO 80528	_
MGR	DAN J GILLIS Jr.	4720 PARD BROOKE TRACE	✓ Add
		ALPHARETTA, GA 30022	Remove
	·		Add
			Remove
			
			Add
			Remove
			Add
	,		Remove