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SCONE DARY OF STATE FALLAHASSEE, FLORIDA

JUN 1 8 2022 S. PRATHEF

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

	nonial LLC	
1 ( ) / / /	-	
Name of Lim		
	ited Liability Company	
mendment and fee(s) are sub-	mitted for filing.	
dence concerning this matter	to the following:	
JULIANA SOARES		
		-
	Name of Person	
PC Patrin	nonica LLC	
	Firm/Company	
7520 NW 104TH AVENUE	E SUITE 103-336	
	Address	<del></del>
DORAL, FL 33178	1100.000	
	City/State and Zip Code	
E-mail address: (	to be used for future annual report noti	fication)
ncerning this matter, please ca	all:	
	305 3085812	
	at ()	
Person	Area Code Daytim	e Telephone Number
a.v		
e following amount:		
☐ \$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)
	<i></i>	
		etion
•		•
	DORAL, FL 33178  E-mail address: ( ncerning this matter, please concerning this matter, please concerning this matter)  For the property of th	PC Patrimonical LUC Firm/Company 7520 NW 104TH AVENUE SUITE 103-336  Address  DORAL, FL 33178  City/State and Zip Code  E-mail address: (to be used for future annual report notineerning this matter, please call:  305 3085812  at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

## PC Patrimonial LLC

ARTICLES OF	F ORGANIZATION
	OF
PC Patrimonial LLC	mpany as it now appears on our records.) ited Liability Company) any were filed on 12/14/2012 and essigned
	The year
(A Florida Limited Liability Co	ited Liability Company)
	12/14/2012
The Articles of Organization for this Limited Liability Comp	any were filed on and signed
Florida document number	74
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N/A	
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7520 NW 104th Avenue Suite 103-336
(Principal office address MUST BE A STREET ADDRESS	Doral, FL 33178
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
N/A	
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 Age	ent:

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
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	date, if other than tive date is listed, the date		ng:		or more than 90	(optional	l) g.) Pursuant :	to 605.020°
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