

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L13000068951

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: customer @ abkcorp.com

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CLERK OF STATE
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PM 1:12

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PCTL INVESTMENTS LLC

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SEP 21 2020

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Corporate Filing Menu

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2020 SEP 18 PM 4:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PCTL INVESTMENTS 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:

STEPHANIE CASTRO
Name of Person
ACCOUNT BOOKKEEPING CORP
Firm/Company
5301 CONROY RD, STE 140
Address
ORLANDO, FL 32811
City/State and Zip Code
CUSTOMER@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

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STATE
SEP 18 2020
20 SEP 18 PM 11:12

For further information concerning this matter, please call:

STEPHANIE CASTRO
Name of Person
407 898-1757
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PCTL INVESTMENTS 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 05/10/2013 and assigned
Florida document number L13000068951

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 contain 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:

New Registered Office Address:

Enter Florida street address

City, Florida

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 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

20 SEP 18 AM 11:12
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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CAMILA OHNUKI	Av. Marcos Penteado de Ulhoa Rodrigues, 3800	<input type="checkbox"/> Add
		Apt 141F	<input type="checkbox"/> Remove
		Santana de Parnaiba, SP 06543-001 BR	<input checked="" type="checkbox"/> Change
AMBR	THIANA OHNUKI	Rua Tomás Carvalho, 760	<input checked="" type="checkbox"/> Add
		Apt 91	<input type="checkbox"/> Remove
		Sao Paulo, SP 04006-002 BR	<input type="checkbox"/> Change
AMBR	LEILA OHNUKI	Rua Grauna, 104	<input checked="" type="checkbox"/> Add
		Apt 41	<input type="checkbox"/> Remove
		Sao Paulo, SP 04514-000 BR	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

29.

Typed or printed name of signee