L13000074471

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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mend form

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COVER LETTER

Division of Cor	rporations				
SINCREDI SUBJECT:	ITO.NET LLC				
SUBJECT:	Name of Lim	ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing			
		· ·			
Please return all correspo	ondence concerning this matter	to the following:			
	Edgar Ajuria				
		Name of Person	.		
		Firm/Company			
	1650 Sand Lake Rd				
		Address			
	Suite 235				
		City/State and Zip Code		***·•{	
	Orlando FL 32809			15 SEC	
		to be used for future annual report notific	ation)	CRETA L	
For further information c	oncerning this matter, please ca	all:		255	, ,,, j
Edgar Ajuria		407 705-4540 at ()			· ; :
Name o	r Person		Telephone Number		سب موسلا
				50	
Enclosed is a check for the	he 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 Certificate of Certified Co (additional cop	of Status &	

MAILING ADDRESS:

TOL. Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2015

EDGAR AJURIA PCP & CONSULTING LLC 1650 SAND LAKE RD., SUITE 235 ORLANDO, FL 32809

SUBJECT: SINCREDITO.NET LLC Ref. Number: L13000074471

We have received your document for SINCREDITO.NET LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Phease fourn your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Semior Section Administrator

Letter Number: 015A00007698

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINCREDITO.NET LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000074471</u>	were filed on May 21, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PCP & CONSULTING LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1650 Sand Lake Rd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 235	73 cm
	Orlando, FL 32809	
Enter new mailing address, if applicable:	1650 Sand Lake Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 235	- 2/1 Talk
	Orlando, FL 32809	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the new
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
	~.5	inp com

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

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>	Type of Action
	Johnny Orria	1650 Sand Lake Rd.	
		Suite 235	■ Remove
		Orlando, FL 32809	D Cl
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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Typed or printed name of signee

Filing Fee: \$25.00