## L14000027403

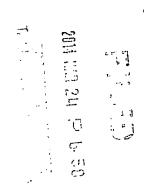
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B. BOSTICK
MAR 2 6 2014
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations

\_\_ PCS MANAGEMENT 1, 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:

**JOSE ALFONZO** 

Name of Person

JRAD 1968 GROUP LLC

Firm/Company

8180 NW 36 ST SUITE 321

Address

MIAMI, FL, 33166

City/State and Zip Code

JALFONZO@ALLBUSINESSCONNECTIONS.OCM

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

For further information concerning this matter, please call:

MAURIZIO BACILE

*,,,*305,9064243

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

PCS MANAGEMENT 1 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 MIAMI  Florida document number L14000027403	i	and ass	igned
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 end with the words "Limited Liability Company," the designation "LLC" or t	he abbrev	iation "I	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)			
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, entered office address on our records, entered office address on our records.	er the 1	name	of the n
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	er the 1	name 281	of the n
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:  Name of New Registered Agent:	er the	2811 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of the n
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	er the 1	2811 1112 2 1	of the n
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	- :	2811 113 211	4 2 4 3 4 4 2 4 4 2 4 4 2 4
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Zir	2811 113 211	4 2 4 3 4 4 2 4 4 2 4 4 2 4

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** 9910 NW 21ST B MGR **GUISEPPE GLORIOSO** Add Add DORAL,FL,33172 ☐ Remove □ Add \_\_\_\_ Remove \_□ Add ☐ Remove 🗅 Add □ Remove ☐ Remove \_\_\_\_ Remove

If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing. The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Department.	date of receipt or filed date and cannot be more than 90 days after
Dated 03 MARCH	, 2014
Signature of a MAURIZIO BACILE	a member or authors depresentative of a member
13. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00