

L14000150895

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2015

T. BROWN

Am. 1 & N/C

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My PCP P-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:

Chloe Tochtenhagen
Name of Person

My PCP LLC
Firm/Company

822 AIA North Ste 310
Address

Ponte Vedra Beach, FL 32082
City/State and Zip Code

cjtocht@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chloe Tochtenhagen at (904) 513-0113
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
15 MAR -2 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

My PCP, P-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 September 26, 2014 and assigned Florida document number 414000150895.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

My PCP LLC

The new name must be distinguishable and end with 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)

822 AIA North Ste 310
Ponte Vedra Beach, FL
32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

822 AIA North ste 310
Ponte Vedra Beach, FL
32082

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:

Same as previously (Charles Clements)

New Registered Office Address:

Enter Florida street address

Florida

City

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR ^{error} AMBR	Chloe Tochtenhagen	822 AIA North Ste 310 Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Add <input type="checkbox"/> Remove same
AMBR	Kenneth Glover	822 AIA North Ste 310 Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

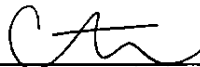
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change from P-LLC to LLC

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.



Signature of a member or authorized representative of a member

Chloe Tochtenhagen

Typed or printed name of signee