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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	06/28/1601028018 **25.00
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TO:	Registration Se Division of Cor					
SUBJI	My PCP LI					
		Name of Lim	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Chloe Tochtenhagen				
			Name of Person		•	
		My PCP LLC				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		-	
294 Paseo Reyes Drive Unit 101					16 SE TAL	
			Address		128 J	
		St Augustine, FL 32095			JUN 28 RETARY OF AHASSEE,	FILEU
			City/State and Zip Code			7
		cjtocht@gmail.com				٠.,
		E-mail address: (to be used for future annual report notif	ication)	MI II: 5	
For fur	ther information c	oncerning this matter, please c	all:		7×''' ~	
Chloe	Tochtenhagen		904 513-0113			
	Name o	f Person	at () Area Code Daytime	: Telephone Number		
				F		
Enclos	ed is a check for the	he following amount:				
\$2	5.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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 ORGANIZATION OF

WIY I CI LLC						
(Name of the Limited	Liability Compa	ny as it now appears on our records.)			
(2)	•	Sability Company)				
The Articles of Organization for this Limited Liab	. ∵n nility Company	were filed on September 26, 2014	4 and assigned			
1 1/1/1/15 (1001)	omy company	word med on				
Florida document number	 •					
This amendment is submitted to amend the follow	ving:					
A If amonding name autor the name aget	ha limitad liab	:litu gammanu hana. (g. C\C	ingl			
A. It amending name, enter the new hame of t	ne mmteu nao	inty company nere: No C.	and			
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		294 Paseo Reyes Drive				
		Unit 101				
(Principal office address MUST BE A STREET	<u>ADDKESS)</u>	St Augustine FL 32095				
		5774gastile, 12 5255				
Enter new mailing address, if applicable:		294 Paseo Reyes Drive				
(Mailing address MAY BE A POST OFFICE B	w name of the limited liability company here: No Change In No Change					
(Mutting diddess MAT BE AT OST OFFICE BO	<u>/// </u>	St Augustine FL 32095				
registered agent and/or the new registered office	ce address ner	<u>e</u> .	*			
	Chia Tashaal		97 -			
Name of New Registered Agent:	Cnice Tochteni	ugen	<u> </u>			
N B 14 1000 A11	294 Paseo Reves Drive Unit 101		- 4			
New Registered Office Address:	1 Office Address: 294 Paseo Reyes Drive Unit 101					
			22005			
	ot Augusune	·······························/	idaabir			
		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

MGR = Manager AMBR = Authorized Member No changes

<u>Title</u>	•	<u>Name</u>	<u>Address</u>	Type of Action
				□ Add
				□ Remove
				Change
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				☐ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and ca block does not mee	et the applicable s	e of filing or more than tatutory filing require	(optional 90 days after filing ements, this date	.) Pursuant t	to 605.0207 (3 c listed as th
the record specifies a delayed The 90th day after the re		te, but not an	effective time, a	t 12:01 a.m.	on the e	earlier of:
Dated June 3	al,					
	Signature of a me		representative of a men	nber		_
			hagen te of signed			

Page 3 of 3

Filing Fee: \$25.00