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(Requestor's Name)		
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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MARUCE.

COVER LETTER

SUBJECT:	PCB 4,	LLC				
SUBSECT.	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Frances C. Lowe					
		Name of Person				
	Guilday, Schwartz, Simpso	on, West, Hatch & Lowe, P.A.				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
	3042 Crawfordville Highw	/ay				
		Address				
•	Crawfordville, FL 32327				~ 3	
•		City/State and Zip Code			2015 HAY J	Mark ()
	jeffreydlohman@yahoo.cor			全 島	KAY	1
	E-mail address: (to be used for future annual report notific	ation)	ASS ASS	<u>:</u> :	777
For further information	concerning this matter, please ca	all:		mS E		- Partie
Frances C. Lowe		850 926-8245 at ()		ESTA	AM 10: 20	STANKS
Nam	e of Person	Area Code Daytime	Telephone Number	A P	26	
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)	Certified	e of Status		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

PCB 4, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Companion lorida document number L14000176351	y were filed on November 13, 2014	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
nter new mailing address, if applicable:		- \$\$\$ - - - - - - - - - - -
• • • •		
Muiling address MAY BE A POST OFFICE BOX)		
		10: 26 LORIDA
 If amending the registered agent and/or registered egistered agent and/or the new registered office address he 		ter the name of the 1
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	l
	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 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>	Address	Type of Action
MGR	Jeffrey D. Lohman	17495 Front Beach Road	
	Panama City Beach, FL 32413	☐ Remove	
			□ Change
			Add
			□ Remove
			Change
			70
			Remove
			OF Sparse 26 Add
			Remove
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			□ Remove
			☐ Change
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			Remove
			□ Change

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The 90th day after the record is filed. Dated May 7 Signature of a member or authorized representative of a member Frances C. Lowe			requirements, this date will not be listed as t
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Dated May 7			
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Frances C. Lowe	The 90th day after the rec	ord is filed.	
Frances C. Lowe			
Signature of a member or authorized representative of a member Frances C. Lowe	May 7	2015	
Frances C. Lowe	Daied	,	
Frances C. Lowe	. 1	04	
Frances C. Lowe	mon	ces Chow	fo mambar
		Signature of a member of authorized representative of	i a memoci
	Frances C. Lowe		
Typed or printed name of signee	Trances C. Lowe		

Page 3 of 3

Filing Fee: \$25.00