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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PCDC2 LLC	
Name of Limited Liability Company	
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: Todd Newman Name of Person Firm/Company 960 Route G Address MAhopac Ny (054) City/State and Zip Code Toddnewman 59 Apol. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Todd Newman Name of Person Firm/Company 960 Route 6 Address MAhopac Ny (0541) City/State and Zip Code Toddnewman 59@AoL. Com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:	
Told Newman	
	Name of Limited Liability Company mendment and fee(s) are submitted for filing. dence concerning this matter to the following: Todd Newman Name of Person Firm/Company 960 Route 6 Address Mahopac Ny (0541) City/State and Zip Code Toddnewman 59@Aol. Com E-mail address: (to be used for future annual report notification) necerning this matter, please call: Area Code Person Area Code \$55.00 Filing Fee & Certificate of Status
Firm/Company	
• •	
160 Route 6	Name of Person Firm/Company
Address	
MAHOPAC NY (0341	
City/State and Zip Code	
Name of Person Firm/Company	
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1000 Newman at (914) 512 50	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Todd Newman Name of Person Firm/Company Glo Route G Address MAHOPAC NY (054) City/State and Zip Code Toddnewman 59@Aol. Com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Odd Newman at 914 512 5609 Name of Person Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telepho	one Number
Enclosed is a check for the following amount:	

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

LCGC 5 T	LC				
(<u>Name of the Limited L</u> (A F	Liability Company as it now appears on our records.) Torida Limited Liability Company)				
The Articles of Organization for this Limited Liabil Florida document number <u>L/500020</u>	lity Company were filed on $12-4-19$	<u>≤</u> ar	ıd assi	gned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company here:				
The new name must be distinguishable and contain the words		he abbreviati	on "L.I	J.C."	
Enter new principal offices address, if applicable					
<u> Principal office address MUST BE A STREET A</u>	DDRESS)				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BO	<u></u>				
		F-17			
		Ēį.	16		
B. If amending the registered agent and/or		iter the n	anje; c	of the new	
registered agent and/or the new registered office	address here:	\$5.5 \$5.5 \$5.5 \$5.5 \$5.5 \$5.5 \$5.5 \$5.5	1	Programs	
			9	ļ ""	
Name of New Registered Agent:		TT	PH		
New Registered Office Address:			+:-		
	Enter Florida street address		7		
	, Florid	a			
_	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> 1 itte</u>	Name	Address	1 ype of Action
MGR	JAMICE NEWMAN	PO box 932	Add
		PO box 932 Bedford Ny 10501	⊘ □ Remove
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ffective d	ate, if other than the date of filing: (optional)	ाँकेन्द्र १७३८	50
an effective	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.		
	date inserted in this block does not meet the applicable statutory filing requirements, this date effective date on the Department of State's records.	Willing	oc listeuras
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