116000017277

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

017 JAN 23 AM 11: 13

K. SALY JAN 25 2017

COVER LETTER

	ration Section on of Corporations	
SUBJECT:	PCB Fly board LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
	rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following:	
riease return an	reorrespondence concerning this matter to the following.	
	Dawn Watson Name of Person	
	PCB Flyboard LLC Firm/Company	
	PO Box 1904) Address	
	Panama City Beach, P1 32417 City/State and Zip Code	
	Paul @ Ridemus Ko Ka. Ca E-mail address: (to be used for future annual report notification)	
For further inform	rmation concerning this matter, please call:	
Dawn	Watson at (705) 706 - 1934 Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	neck for the following amount:	
□ \$25.00 Filing	ng Fee \$\ \begin{align*} \begin{align*} \begin{align*} \leq \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	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 AMENDMENT TO

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ARTICLES OF C	ORGANIZATION /// E.r.
· , , , , , , , , , , , , , , , , , , ,	OF ZOUZ
	JAN 23
PCB FWboard LLC (Name of the Limited Liability Comps (A Florida Limited)	ORGANIZATION Proposition of the state of th
(Name of the Limited Liability Compa	iny as it now appears on our records.)
(A Fiorida Limited	madning Company)
The Articles of Organization for this Limited Liability Company	were filed on $01/25/2016$ and assigned
Florida document number <u>L16000017277</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11824 Sand Dune Dr.
(Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FI
	32407
Enter new mailing address, if applicable:	11824 Sand Dune Dr.
· · · · · · · · · · · · · · · · · · ·	Panama City Beach, FI
(Mailing address MAY BE A POST OFFICE BOX)	
	32407
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
registered agent and/or the new registered office address nor	≚·
Name of New Registered Agent:	
New Registered Office Address: 11824	Sand Dune Dr.
	Enter Florida street address

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

Panama City Beach, Florida 32407
Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED 2017 JAN 23 AM 11: 13 MGR = Manager AMBR = Authorized Member TALLAHASSEE, FLORIDI Address **Type of Action Title** Name □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change _ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove _□ Change □ Add □ Remove _□ Change

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		elayed effect e record is		, but not	an effec	tive time,	at 12:01	a.m. on	the earlier
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Filing Fee: \$25.00