L16000017277

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Filone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filling Officer:	
3∑(V IS PM SSEE/P	
X I S	
ZOIT HAY	
ZOF	
 -	

Office Use Only



200298800912

05/16/17--01010--017 **25.00

SECKETARY OF STATE

D. BRUCE May 16 2017

COVER LETTER

TO: Registration So Division of Cor			
	BOARD LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	•		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	DAWN WATSON		
		Name of Person	
	PCB FLYBOARD LLC		
		Firm/Company	
•	11824 SAND DUNE DR		
		Address	
	PANAMA CITY BEACH,	FLORIDA 32407	
•		City/State and Zip Code	
	DAWN@PCBFLYBOARD		
		o be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	lli:	TAL SI
Dawn Watson		705 706-1934	Telephone Number 1
Name o	of Person		SAR -
			m verification
Enclosed is a check for the	he following amount:		PESI A D
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fire Fee, Certificate of State & 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

any as it now appears on our records.) Liability Company)			
were filed on January 25th, 2016 and assigned			
pility company here:			
lity Company," the designation "LLC" or the abbreviation "L.L.C."			
3 Grand Street Box 247			
Rosseau, ON POC 1J0			
Canada			
ffice address on our records, enter the name of the			
Enter Florida street address AR AY			
City, Florida CT:			
ree to act in this capacity. I further a ret to comply with performance of my duties, and I am familial with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability			

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

$AMBR = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	☐ Remove
			Change
			□ Add
		-	☐ Remove
			□ Change
			·□ Add
			Remove
			Change
			SECRETARY CHARSEE.
		``	
	·		STATE ARE
		□ Remove	
			. □ Change
•		 .	Remove
			Change

<u></u>					
. •					
		<u> </u>			
 					
· · · · · · · · · · · · · · · · · · ·		·			
			·····		
					
				A Si	
				2021 MAY SECRET	
 				SSEE VRY D	T
				FS P	C
				S OU	
			· · · · · · · -	P	
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be ock does not meet the a	pplicable statutory	(option or more than 90 days after filing requirements, this	filing.) Pursuant to 605	5.0207 (i ed as tl
he record specifies a delayed The 90th day after the rec	i effective date, bu ord is filed.	t not an effecti	ve time, at 12:01 a	a.m. on the earlie	er of:
Dated MAY 05	, 2017	·			
/ \ ,	1 1-1				
taunu	Signature of a member or	authorized represen	tative of a member	 	

Page 3 of 3

Filing Fee: \$25.00