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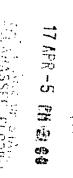
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|----------------|------------------------------------|--|---|--|
| SUBJE | | PCB II, LLC | | |
| SCHIE | C1. | Name of Lim | nited Liability Company | |
| The encl | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | BRIAN MEISNER | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 8301 Longlands Pl | | |
| | | | Address | |
| | | Chesterfield, VA 23832 | | · |
| | | | City/State and Zip Code | |
| | | bmeisner@microsoft.com | | |
| | | E-mail address: (| to be used for future annual report notific | cation) |
| For furth | ner information c | oncerning this matter, please ca | all: | |
| Brian M | eisner | | 804 614-1923, x19 | 23 |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed | l is a check for th | ne following amount: | | |
| = \$25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & 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

MEISNER PCB II, LLC

| ddress here: | | LOREDA | | |
|--|--|--|--|--|
| ddress here: | | LOREM | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: | | | | |
| ddress here: | , <u></u> | 703307 2137 | | ا مواضعة المام المام |
| ddress here: | , <u></u> | | $f^{i,j}$ | |
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| gistared office address on our reco | rde antor | thene | ame of | f the ne |
| | | | C) | |
| | | | - 28 | 1, |
| new principal offices address, if applicable: mal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: g address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: | | | | |
| DRESS) | | | | |
| | | | | |
| Limited Liability Company," the designation "L | LC" or the al | bbreviatio | on "L.L. | C." |
| imited liability company here: | | | | |
| : | | | | |
| <u></u> . | | | | |
| y Company were filed on January 31, 20 | 17 | an | nd assig | gned |
| | | | | |
| y | Company were filed on January 31, 20 mited liability company here: imited Liability Company," the designation "L DRESS) | Company were filed on January 31, 2017 mited liability company here: imited Liability Company," the designation "LLC" or the a | mited liability company here: imited Liability Company," the designation "LLC" or the abbreviation (LLC) and the signature of the signature o | mited liability company here: imited Liability Company," the designation "LLC" or the abbreviation "LLC" DRESS) cistered office address on our records, enter the name of |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager '
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | |
|--------------|----------------|------------------------|-----------------------|--|--|
| MGR | Megan Meisner | 8301 Longlands Pl | Add | | |
| | | Chesterfield, VA 23832 | Remove | | |
| | | | Change | | |
| MGR | Fred Meisner | 736 CR 262 | Add | | |
| | | Mico, TX 78056 | ☐ Remove | | |
| | | | ☐ Change | | |
| MGR | Gloria Meisner | 736 CR 262 | Add | | |
| | | Mico, TX 78056 | Remove | | |
| | | | ☐ Change | | |
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| Effective date, if other than the | date of filing | g: | | | (optiona | l) | | |
| If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D | ock does not m | neet the appli | cable statuto | ing or more than ry filing requi | 90 days after filir rements, this da | ig.) Pursuant t te will not be | o 605.0 e listed | 20° as |
| ne record specifies a delayed | | | ot an effec | ctive time, a | at 12:01 a.m | . on the e | arlier | · 0 |
| ine 90th day after the rec | | 2017 | | | | | | |
| The 90th day after the rec | | | | | | | | |
| Dated | , | | ∠ . | | | | | |
| April 4 | , | 1 | | | | | | |

Page 3 of 3

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