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COVER LETTER

TO:	Registration Section Division of Corporations	•	s.º	
SUBJ	BJECT: PCUERO 2 LLC 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: Catry Warenme Name of Person Firm/Company Address Address			
The e	nclosed Articles of Amendmo	ent and fee(s) are sub-	mitted for filing.	
Please	return all correspondence co	ncerning this matter	to the following:	
		Cathy	Warehime Name of Person	
			Firm/Company	
		2380	<u> W. Samisor</u>	s_Way
		Cittle	to CO 60 City/State and Zip Code	0120
	Division of Corporations T:			
For fu	urther information concerning			
	Lathy Wared Name of Person	nime	at (<u>303</u>) <u>263</u> Area Code Daytina	: 7909 ETelephone Number
Enclo	sed is a check for the following	ng amount:		
□ \$:	25.00 Filing Fee \$30. Ce	00 Filing Fee & rtificate of Status		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of the Limite	ed Liability Company as (A Florida Limited Liabili	it now appears on o	ur records.)		
The Articles of Organization for this Limited Lia	ability Company were	,	i	an	d assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designa	tion "LLC" or the a	bbreviatio	on "L.L.C."
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE)	<u>TADDRESS)</u>				
	_			- :	
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE I	<u> </u>	_		<u></u>	<u> </u>
				<u> </u>	<u> </u>
B. If amending the registered agent and/oregistered agent and/or the new registered off		address on our	records. enter	the na	une of the new
Name of New Registered Agent:	Ware	nine C	atharin	e	
New Registered Office Address:	4904	Bethel Enter Florida str	Creek '	Dr,	#
	Vero Be	ac h City	Florida	329 Zip (63 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			🗀 Change
			□ Remove
			Change
			🗆 Add
		/	□ Remove
	/	/	Change
			🗆 Add
			🗆 Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	t be specific an ock does not	id cannot be meet the a	ipplicable s		ore than 90 day	(optional) ss after filing.			
the record specifies a delayed) The 90th day after the rec	effective ord is filed	date, bu	it not an	effective t	ime, at 12	:01 a.m.	on th	ne earli	ier of:
Dated June 23		. 20	<u>)17</u> .						
	-								

Page 3 of 3

Filing Fee: \$25.00