W70000 87689

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COVER LETTER

DOD HOTE	7.2.1.6		
PCB HOTE UBJECT:			
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
ease return all correspo	ndence concerning this matter	to the following:	
	SONYA NGUYEN		ENS HAR I HAR I TO SHARE THE PARTY OF THE PA
		Name of Person	
	PCB HOTEL 2, LLC		
			
	2439 MANHATTAN BLV	/D. STE. 211	
			
	HARVEY, LA 70058		
	E-mail address: (to be used for future annual report notific	ation)
or further information c	oncerning this matter, please ca	all:	
SONYA NGUYEN		504 371-6666 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	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

TO:

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

PCB HOTEL 2, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)		1. The state of th
The Articles of Organization for this Limited Liability Compan	y were filed on APRIL	19, 2017	and assigned
Florida document number L17000087689			50
Tiorida document number			
This amendment is submitted to amend the following:			•
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
		·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		r records, <u>enter tl</u>	ne name of the new
registered agent and/or the new registered office address no	<u></u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		

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 **Type of Action** Title Address <u>Name</u> ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change ☐ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

solely to acquire, own and	hold the real property commonly kn	own as 7710 Front Beach Road,	
Panama City Beach, FL (th	ne "Property") and to operate a hotel	on the Property, together with such	
other activities as may be n	necessary or incidental in connection	with such purposes, and for no	
other purposes.			
ote: If the date inserted in this	nust be specific and cannot be prior to dat	(optional) le of filing or more than 90 days after filing.) Pursuant to 605.0 statutory filing requirements, this date will not be listed	
record specifies a delay The 90th day after the re		effective time, at 12:01 a.m. on the earlier	· of:
March 5	2019		
	(I)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00