Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MYPCREBORN LLC**

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M. MILLIGAN
SEP-7 2017

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	MYPCRE	BORN LLC			
SUBJEC1:		Nam	c of Limit	ted Liability Company	
The enclosed	d Articles of	Amendment and fee(s)	are subr	nitted for filing.	
Please return	all correspo	ndence concerning this	matter t	o the following:	
				•	
		Cheyenne Mos	ļ ģley		
			<u> </u>	Name of Person	
		Legalzoom.com,	 Inc.		
			<u> </u>	Firm:Company	
		101 N. Brand Bly	 vd 11th	n Floor	
		- Tor . v. Braild Br		Address	
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		Glendale, CA 91	203 		
		info@mypcrebort	1000	City/State and Zip Code	
		40 - 0	1	o be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, p	 please ca	H:	
Cheyenne I	Moselev			800 773-0888 6	ext. 9724
		f Person	<u> </u>	at ()	ne Telephone Number
				,	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 F		S30.00 Filing Fe Certificate of S		■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallabassee, FL 33	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

31 From 1 Sco. S. M. E. S.

MYPCREBORN LLC

(Name of the Limited Liability Cor (A Florida Limit	mpagy as it new appears on our records.) red Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number L17000179101	any were filed on 08/22/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited i	iability company here:
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18811 La Costa Ln
Principal office address MUST BE A STREET ADDRESS	Boca Raton, Florida 33496
Enter new mailing address, if applicable:	18811 La Costa Ln
Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Florida 33496
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i	l office address on our records, enter the name of the n here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florula street uddress
	City , Florida

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name | Address Type of Action _ Add ___ Remove ___ Remove _____ □ Remove. ____ 🗆 Remove __ 🗆 Add ____ Remove ___ \[\] \[\lambda \] _____ □ Remove

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18811 La Costa Ln, Boca Rato	n, Florida 33496
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