## L17000227314

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## **COVER LETTER**

Division of Co	rporations		
•	PCM Properties LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The analysis of Amily and	S.A		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Paul Scully		
		Name of Person	
	PCM Properties, LLC		
		Firm/Company	
	6435 Genoa Trail		
		Address	
	Melbourne, F1, 32940		
	paulscully123@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Paul Scully		321 848-1351	
		at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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	Street Address: Registration Sec	
Division of C P.O. Box 631		Division of Corp The Centre of T	
Tallahassee,			Street, Suite 810
	/	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCM Properties, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.17000227314	were filed on 8:00 am 11/02/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PCMSW Properties, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the alab	
Enter new principal offices address, if applicable:	1097 South Patrick Drive	021
(Principal office address MUST BE A STREET ADDRESS)	Satellite Beach, FL 32937	0
	80 80 80 80	
Enter new mailing address, if applicable:	6435 Genoa Trail, Melbourne FL, 329405	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<b>O</b> 1
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:	al Scully	
New Registered Office Address: 1097	South takrick Dr. Enter Florida street address	
Satell	ite Beach Florida 3	2937 Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, ij	miliar with and this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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10/28/2021	11:20 AM		
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