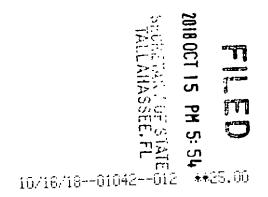
## 218000106109

(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	)
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S. PRATHER

## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Divi	ision of Corp	porations		
	PC ASSIST	ANTS LLC OF FLORIDA		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t		
		Terry Bamford		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		PC ASSISTANTS LLC		
			Firm/Company	<u> </u>
		420 LENINGDALE DR		
			Address	
		ORLANDO FL 32828		
		bradbamford@pcassistants.c	City/State and Zip Code	
		<del>-</del> -	o be used for future annual report noti	fication)
For further i	nformation c	oncerning this matter, please ca	ill:	
Terry Bamfe	ord		407 906-0357	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I		□ \$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)
		ING ADDRESS: ration Section	STREET/COUR Registration Secti	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PC ASSISTANTS LLC OF FLORIDA		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	SSSSS R
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/01/2018	and assigned
Florida document number L18000106109		五元
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
PC ASSISTANTS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, <u>en</u> ess here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	PL 33-	
	, Florida	Zip 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 .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Change

	Signature of a member or authorized representative Terry Bamford	of a member	. <b>.</b>	
Dated	1.610	FALLA	2018 OCT	7
If the re (b) The	ecord specifies a delayed effective date, but not an effective t e 90th day after the record is filed.	ime, at 12:01 a.m. on th		er of:
(If an ef Note:	feetive date, if other than the date of filing:  ffeetive date is listed, the date must be specific and cannot be prior to date of filing or magnificant in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursu g requirements, this date will n	iant to 605 ot be liste	.0207 (3)(b ed as the
			<u>.</u>	
-				
-				

Page 3 of 3

Filing Fee: \$25.00