L18 000124607

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AUG 2 2 2019 S. YOUNG

COVER LETTER

	stration Sec sion of Corp			·		
ORIDITIES.	PCD REAL					
Name of Limited Liability Company						
The enclosed a	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Qun Dong				
			Name of Person			
		PCD REALTY, LLC				
			Firm/Company			
		PO BOX 13075				
		<u> </u>	Address			
		Gainesville, FL 32604				
			City/State and Zip Code			
		pdtax@yahoo.com		N		
			to be used for future annual report noti-	lication)		
For further inf	ormation co	oncerning this matter, please co	all:			
Qun Dong			352 262-4463			
Name of Person Area Code Daytime Telephone Number						
Enclosed is a c	check for th	e following amount:				
■ \$25.00 Fil	ling 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 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

PCD REALTY, LLC		8 T
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	F
The Articles of Organization for this Limited Liability Florida document number L18000124607	Company were filed on 05/17/2018	and assigned
This amendment is submitted to amend the following:		ŕ
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florid	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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DONG, QUN	PO BOX 13075	_ ■ Add
	 	Gainesville, FL 32604	
			Remove
MGR	YAN, YING	PO BOX 13075	
		Gainesville, FL 32604	
			■ Remove
			Change
			Add
			□ Remove
			Change
		<u> </u>	□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove

E. Effective date, if other than the date of filing:	E. Effective date, if other than the date of filing:	
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