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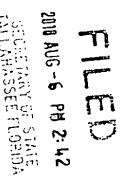
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(City/State/Zip/Phone #)						
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COVER LETTER

TO:	Registration Section Division of Corporations
cunu	ECT:PCB CONSULTING LLC
SUBJI	Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	PATRICIA BOESE Name of Person
	Name of Person
	PCB CONSULTING LLC
	Firm/Company
	1312 SOCORRO DRIVE
	Address
	PUNTA GORDA, FL 33950
	PUNTA GORDA, FL 33950 City/State and Zip Code patti_boese @ comcast. net
	E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	PATRICIA BOESE at 94 875-5850 Area Code Daytime Telephone Number 37 1
	SSE 1 SM SM S
Enclos	sed is a check for the following amount:
□ \$2	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee; \$\Bigcup \$Certificate of Status & Certified Copy (additional copy is enclosed) 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

PCB CONS	$\frac{ac}{a}$	
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records.) amited training Company;	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 180001683</u>	npany were filed on <u>July 12, 2018</u> 301	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
PCB ASSOCIATION	ES LLC	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	.SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
3. If amending the registered agent and/or register		he name of the r
registered agent and/or the new registered office address	<u>ss here</u> :	
N. CN. B. L. LA	<u> </u>	2016
Name of New Registered Agent:	÷	
New Registered Office Address:		1 metan
	Enter Florida street address	
	Florida	. EZ 1 . (
Sew Registered Agent's Signature, if changing Registered A	City Signal City Agent:	Zip Code U
hereby accept the appointment as registered agent an		e to comply with:
provisions of all statutes relative to the proper and con		
accept the obligations of my position as registered age	nt as provided for in Chapter 605, F.S. Or, ij	f this document is
	nt as provided for in Chapter 605, F.S. Or, ij	f this document

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove LUAH DOMES
			SSEE RLORIO
			□ Change
			Remove
			☐ Change

			
			
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be proposed. If the date inserted in this block does not meet the application document's effective date on the Department of State's record	licable statutory filing requi		
the record specifies a delayed effective date, but ropy. The 90th day after the record is filed.	not an effective time, a	at 12:01 a.m. on the	earlier of:
Dated August 6 20	18.		
Dated August 6 20. Paticia	Boese		
Signature of a member or au	thorized representative of a me	ember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00