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| (Re                     | questor's Name)   |                             |
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| PICK-UP                 | ☐ WAIT            | MAIL                        |
| (Bu                     | siness Entity Nan | ne)                         |
| (Do                     | cument Number)    |                             |
| Certified Copies        | _ Certificates    | s of Status                 |
| Special Instructions to | Filing Officer:   |                             |
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## **COVER LETTER**

|             | legistration Se<br>Division of Cor |   | •   |  |             |  |
|-------------|------------------------------------|---|---|--|-------------|--|
| CHDICAT     |                                    | nunity Management, LLC                                |   |  |             |  |
| SUBJECT     | ·                                  | Name of Lim   | ited Liability Company  |  |             |  |
|             |                                    | Amendment and fec(s) are sub                          |   |  |             |  |
|             |                                    | Nancy Benet   |   |  |             |  |
|             |                                    |   | Name of Person  |  |             |  |
|             |                                    | Fix-It Accounting, Inc.                               |   |  |             |  |
|             |                                    |   | Firm/Company  |  |             |  |
|             |                                    | 121 W. Plymouth Ave., St                              | rite B  |  |             |  |
|             | Address                            |   |   |  |             |  |
|             |                                    | DeLand, FL 32720                                      |   |  | ij          |  |
|             |                                    | <del></del>   | City/State and Zip Code   |  | <b>3</b> 50 |  |
|             |                                    | nancy@fixitaccounting.con                             |   |  | <b>1</b>    |  |
| For further | r information c                    | E-mail address: (<br>oncerning this matter, please co | to be used for future annual report notif<br>all:                   | ication)   | h 3         |  |
| Nancy Be    | net                                |   | 386 320-5347  |  | Sello no    |  |
| •           | Name o                             | f Person  |   | Telephone Number   | 55 S        |  |
| Enclosed i  | s a check for th                   | ne following amount:                                  |   |  |             |  |
| \$25.00     | ) Filing Fee                       | □ \$30.00 Filing Fee &<br>Certificate of Status       | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee<br>Certificate of Sta<br>Certified Copy<br>(additional copy is ea | atus &      |  |
|             | MAILI                              | ING ADDRESS:  | STREET/COURII   | ER 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

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PPC Community Management, LLC

| 2018 and assigned  "LLC" or the abbreviation "L.L.C." |  |  |  |  |
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| DeLand, FL 32720                                      |  |  |  |  |
| ords, enter the name of the new                       |  |  |  |  |
| ·c  |  |  |  |  |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                           | Address  | Type of Action |
|--------------|---------------------------------------|--|----------------|
| MGR          | Nancy Benet                           | 125 W. Plymouth Ave.<br>DeLand, FL 32720           | Add            |
|              |                                       | <del></del>  | ■ Remove       |
|              |                                       |  | Change         |
| MGR          | Fix-It Accounting, Inc.               | 121 W. Plymouth Ave., Suite B<br>DeLand, Fl. 32720 | ■ Add          |
|              |                                       |  | Remove         |
|              |                                       |  | Change         |
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|                  |  |                 |             | October 26     | 5, 2018          |               |              |                              |                 |
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|                  | d specifies a<br>Oth day after         |                 |             | te, but n      | ot an ener       | tive time     | , at 12.0.   | . a.m. on                    | rite coritei    |
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Typed or printed name of signee

Filing Fee: \$25.00