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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PD A / L C Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maker Sarfyell Name of Person
PCCA LLC
Firm/Company
2348 STONE POSS Call Address
ORIANDO, FL 32828 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Bex 6327 Tallahassec, Florida 32314
Enclosed is a check for the following amount: S25 Filing Fee \$ \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy
CR2E055 (9715)

ARTICLES OF AMENDMENT TO OF

ARTICLES OF ORGANIZATION

PDCA, LLC (Name of the Limited Liability Company as it now appears of the Hadrd Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/14/2019 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and epitain the words "I united Unbility Company" the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida City

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 amendin or removed	g Authorized Person(s) from our records:	authorized to a	manage, <u>enter the title, name, and add</u>	ress of each person being added
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Khaled S. Odeh		10239 Cypress Trail Drive Orlando, FL 32825	add
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in elf <u>ote:</u>	ive date, if other than the of ective date is listed, the date must of the date inserted in this blo lent's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ck does not meet the applicable statutory filing requirements, this date will not be listed a
The	90th day after the reco	1
ited	05/09/2019	··
		gnature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00