L19000062011

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Danuar et Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T. MATTHEWS

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COVER LETTER

| TO: Registration Se Division of Cor | | • | | | | |
|--|---|---|---|--|--|--|
| | RVICES LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing | | | | |
| | ondence concerning this matter | - | | | | |
| | STANLEY THELUSMA | | | | | |
| | | Name of Person | | | | |
| | PC & C SERVICES LLC | | | | | |
| | | Firm/Company | | | | |
| | 18117 BISCAYNE BLVD | #1305 | | | | |
| | | Address | | | | |
| | MIAMI, FL 33160 | , | | | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | | |
| | E-mail address; (| to be used for future annual report not | ification) | | | |
| For further information c | oncerning this matter, please c | all: | | | | |
| STANLEY THELUSMA | ` | 786 806-1410 at () | | | | |
| Name o | f Person | Area Code Daytin | ne Telephone Number | | | |
| Enclosed is a check for the | ne following amount: | | | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Addres Registration S | | Street Address: Registration Se | ection | | | |
| Division of C | orporations | Division of Cor | Division of Corporations | | | |
| P.O. Box 632 Tallahassee, 1 | | The Centre of 7 2415 N. Monro | rallahassee ee Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 007 16 PH12: 22

PC & C SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Com | pany were filed on $\frac{03/04}{1}$ | 2019 and assigned |
|---|--------------------------------------|--|
| Florida document number L19000062011 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | I liability company here | ; |
| The new name must be distinguishable and contain the words "Limited | • | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the design | mation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| D. If any ordinarily such as a large state of | er 11 | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Hice address on our reco | ords, enter the name of the new registered |
| | / | |
| Name of New Registered Agent: | NIA | |
| New Registered Office Address: | | |
| New Registered Office Address. | • Enter Florida | street address |
| | | . Florida |
| | City | 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 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 $AMBR = A$ | anager uthorized Member | 21 007 13 PH12: 22 | |
|--------------------|----------------------------|---------------------------|----------------|
| Title | Name | Address | Type of Action |
| MGR | SHIRLEY METELUS | 18117 BISCAYNE BLVD #1305 | □ Add |
| | | MIAMI, FL 33160 | Remove |
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| Effective date, i l'an effective date | if otner than t is listed, the date t | he date of fil must be specific | | | g or more than 90 | (optional) days after filing.) | Pursuant to 605.0207 (|
| Note: If the date | inserted in this | s block does no | ot meet the appl | icable statutory | tiling requiren | ents, this date v | vill not be listed as t |
| locument's effec | tive date on the | : Department o | of State's record | S. | | | |
| , | | | | | | | |
| record specifies d is filed. | a delayed effec | tive date, but r | not an effective | time, at 12:01 | a.m. on the earl | ier of: (b) The | 90th day after the |
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| Dated | (<i>T</i> | 13 | 1 1002 | _ / | | | |
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| | | Signature of | a member or aut | horized capreser | ntative of a memb | er | |

Filing Fee: \$25.00