## L19000134135

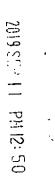
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CIUNI	PCB Consu	=		
SUBJ	r.C1:	Name of Limi	ted Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	e return all correspo	ndence concerning this matter t	to the following:	
		Barry L. Blackmon		
		<u> </u>	Name of Person	<del></del>
		PCB Consulting, LLC		
			Firm/Company	
		406 Tarpon Street		
			Address	
		Panama City Beach, FL 32	413	
			City/State and Zip Code	
		barry@pcb-consulting.com		
		E-mail address: (t	o be used for future annual report notifica-	ation)
For fu	erther information co	oncerning this matter, please ca	all:	
Barry	L. Blackmon		571 216-9823	Celephone Number
	Name of	l'Person	Area Code Daytime T	Celephone Number
Enclo	sed is a check for th	e following amount:		
<b>■</b> \$3	25.00 Filing 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 ARTICLES OF ORGANIZATION **OF**

PCB Consulting, LLC

2019 SEP 11 PH 12: 50

(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 Company	were filed on May	21, 2019	and assigned
Florida document number 19000136135			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Pamela C. Blackmon	406 Tarpon Street	🗆 Add
		Panama City Beach FL. 32413 US	■ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Add
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			Change
			Remove
		<del></del>	Change
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		<del></del>	Remove
			Change

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ective date, if other than n effective date is listed, the date: If the date inserted in the nument's effective date on t	e must be specific a nis block does not	nd cannot be prior t t meet the applica	o date of filing or me	ore than 90 days after	filing.) Pursuant to 605,020
record specifies a del he 90th day after the			an effective ti	me, at 12:01 a	.m. on the earlier c
ed September 5		2019	·		
R	in J Albi	Kum	_	of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00