L19000148156

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(Document Number)				
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1/29/2)

COVER LETTER

TO:

	ration Sec n of Corp					
	B Shops,					
SUBJECT:						
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.			
		dence concerning this matter				
		John Posey				
		Name of Person				
Firm/Company						
	5929 Sunset Avenue					
	Address					
		Panama City Beach, FL 32408				
			City/State and Zip Code			
		thomasposey95@yahoo.cor		····		
For further infor	mation co	E-mail address: (ncerning this matter, please co	to be used for future annual report noti all:	ification)		
Michelle Hamilton		850 867-6531				
Name of Person			e Telephone Number			
Enclosed is a ch	eck for the	following amount:				
\$25.00 Filin	g 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:		Street Address:	ation			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

PCB Shops, LLC

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

The Articles of Organization for this Limited Liability Com	pany were filed on 11/12/2020	and assigned	
Florida document number L19000148156			
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 contain the words "Limited	Liability Company," the designation		
Enter new principal offices address, if applicable:	329 Golf Drive	020 C	
Principal office address MUST BE A STREET ADDRES	Hoover, AL 35226	<u>E</u> 1	

Enter new mailing address, if applicable:	5929 Sunset Avenue	2.	
Mailing address MAY BE A POST OFFICE BOX)	Panama City Beach, FL 3	2408	
3. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Powietered Aponts John Pose		nter the name of the new registe	
Name of New Registered Agent:	John Losey		
New Registered Office Address: 5929 Suns	et Avenue		
	Enter Florida street d	uldress	
Panama C		_, Florida ³²⁴⁰⁸	
	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.

hanging 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			. 2020 Dn □ Change
			2
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 2020 December 12 Dated Signature of a member or authorized representative of a member John Posey Typed or printed name of signee

Filing Fee: \$25.00