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COVER LETTER

то:	Registration Se Division of Cor					
CHD I	N60068 LL	С				
SUDJ	SUBJECT:Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		MATTHEW MILLER				
		MILLER LAW PLLC	Name of Person			
		222 US HWY 1, STE 2081	Firm/Company			
		TEQUESTA, FLORIDA 3	Address	 		
		FX_MURPHY@MSN.CON	City/State and Zip Code			
		É-mail address: (to be used for future annual report notif	ication)		
For fu	rther information co	oncerning this matter, please ca	all:			
MAT.	THEW MILLER		561 348-4258 at ()			
•	Name o	Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	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 TO ARTICLES OF ORGANIZATION OF

N60068 LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our record ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comparison document number $\frac{L19000188707}{L19000188707}$.	any were filed on JULY 23, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
PC603 LLC		
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		- 10
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9:: 9
		: C
3. If amending the registered agent and/or registered		s, <u>enter the name of the i</u>
registered agent and/or the new registered office address b	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	3
	. Flo	orida
	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 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>:

MCR =	Manager	
	<u>-</u>	
- AMBR =	= Authorized Member ==	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			Remove
			Change
			□ Add
			Remove
		·	Change
			
		<u> </u>	□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			□ Change

). If amending any other i	nformation, enter cha	ınge(s) here: (Attach additional	sheets, if necessar	y.)
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E. Effective date, if other to the the third of the third	date must be specific and ex in this block does not mee	annot be prior to d et the applicable	ate of filing or more the statutory filing requ	(optional) an 90 days after filing, uirements, this date) Pursuant to 605.0207 (3)(will not be listed as the
if the record specifies a (b) The 90th day after t	delayed effective dath the record is filed.	te, but not a	n effective time,	. at 12:01 a.m.	on the earlier of:
Dated SEPTEMBER 30		2019			
	20.	15/1	7		
	Signature of a me	ember or authorize	ed representative of a r	nember	
MATTHEW M					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00