120000 38784

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | 1 |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| CUDIDAT | | | | |
|--------------------|----------------|---|----------------------------|--|
| SUBJEC1: | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | Laura R. Gottschałk | | |
| | | Michael K. McFadden, Attorney and Counselor at Law Firm/Company 261 Indian Rocks Road North Address Belleair Bluffs, Florida 33770 City/State and Zip Code Michael K. McFadden@gmail.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call: chalk 727 584-8161 at (| | |
| | | Michael K. McFadden, Au | orney and Counselor at Law | |
| | | | Firm/Company | Selephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | 261 Indian Rocks Road No | orth | |
| | | | Address | |
| | | Belleair Bluffs, Florida 33 | 770 | |
| | | | City/State and Zip Code | |
| | | | | |
| | | | • | cation) |
| For further i | nformation co | oncerning this matter, please ca | all: | |
| Laura R. Go | ottschalk | | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e following amount: | | |
| ≘ \$25.00 } | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | illing Address | | | rian |
| | | | - | |
| | D. Box 632 | • | | |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

| | | 28 |
|---|--|----------------------------|
| PC & RN HOLDINGS, LLC. | | 20 APR |
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | Service Co |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000038784</u> . | y were filed on January 13, 2020 | and assigned |
| This amendment is submitted to amend the following: | | 5 0 |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | 1710 20th Street SW | |
| (Mailing address MAY BE A POST OFFICE BOX) | Largo, Florida 33774 | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the r | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florida | |
| | , Florida | Zin 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, 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 |
|--------------|-----------------|---|-----------------|
| AMBR | Ray N. Miller | 1710 20th Street SW, Largo, Florida 33774 | □Add |
| | | | □Remove |
| | | | Change |
| AMBR | Peter C. Miller | 2044 18th Avenue SW, Largo, Florida 33774 | □Add |
| | | | □Remove |
| | | · · · · · · · · · · · · · · · · · · · | ≡ Change |
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| a | member-managed company. The initial authorized members are PETER C. MILLER and RAY N. MILLER, the |
|--------------------------------|---|
| 0. | nly two members of the company, at the principal office address stated above. |
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| n effe it <mark>e:</mark> I | we date, if other than the date of filing: D |
| cord s file | I 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 d. |
| | 2020. Signature of a member of authorized representative of a member |
| ed_ | U U |

Filing Fee: \$25.00