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COVER LETTER

TO:	Registration S Division of Co	orporations		
		PCOIRB, LLC		**
SUBJEC	CT:	Name of Lin	nited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all corresp	condence concerning this matte	r to the following:	
		George L. Hayes III, Esq.		
			Name of Person	
		The Hayes Law Group, P	.A.	
			Firm/Company	· <u></u>
		3637 4th Street N., Suite	200	
3637 4th Street N., Suite 200 Address St. Petersburg, FL 33704				
		St. Petersburg, FL 33704		
			City/State and Zip Code	
		E-mail address:	to be used for future annual report notif	fication)
For furthe	r information of	concerning this matter, please of	all:	
George L	Hayes III, Es	q.	are submitted for filing. In an atter to the following: In Esq. Name of Person Outp, P.A. Firm/Company Suite 200 Address 33704 City/State and Zip Code Iddress: (to be used for future annual report notification) Ilease call: 277 381-9026 Area Code Daytime Telephone Number & \$60.00 Filing Fee,	
	Name o	of Person		e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$2 5.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			tion
	Division of C			
	O. Box 632	• •	The Centre of To	allahassee
1	Callahassee, 1	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

RTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2020 NOY 12 PM 3: 16

NICKRAPCOIRB, LLC		SECRETARY OF ATTE
(Name of the Limited Lia (A Flo	bility Company as it now appears on our rorida Limited Liability Company)	CONTRACT STATE
The Articles of Organization for this Limited Liability	y Company were filed on	and assigned
Florida document number L20000293498	·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>eu</u> ::	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	dress
	City	Florida
	CHy C	ZID 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) and dized to manage, enter the title, name, and decided or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Christine Rapisardi	8225 140th Street	
		Seminole, FL 33776	■Remove
			☐ Change
MGR	Michele Rapisardi	8225 140th Street	Ādd
		Seminole, FL 33776	□Remove
			Change
			□Add
			□Remove
			□ □ Change
			□Add
			□Remove
			☐ Change
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ffectiv	ve date, if other than the date of filing: (optional)
an ette	ctive 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 605,020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocume	nt's effective date on the Department of State's records.
	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.
record I is file	
d is file	
l is file	October 13
l is file	2020
d is file	Signature of a member of authorized representative of a member

Filing Fee: \$25.00