## 621000169246

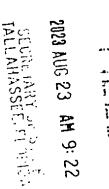
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
- (Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Селіfied Copies	_ Certificates	of Status
Special Instructions to i	Filing Officer:	

Office Use Only



300414393963

08/23/23--01016--005 ++60.00





## **COVER LETTER**

TO: . Registration Section

Division of Corporations	
SUBJECT: PKC HOLDINGS	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are s	_
Please return all correspondence concerning this mat	ter to the following:
Paul St	Name of Person
PKC Ho	Oldings LLC FireCompany
7756 1	MIKOSO DY.  Address
Punta G	OVOA, FL 33970  City/State and Zip Code
Olwaysfi E-ntail addres	Shin paul @ 9 Wayl. Com s: (to be used for future annual report notification)
For further information concerning this matter, pleas	e cali:
Paul Stoltman Name of Person	at (120) 370 (0133) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PKC Holdings LL  (Name of the Limited Lability Compa	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number 1246.	(0-41 12 2:01		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Habi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain	ity 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)	2023 TAL		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, enter the name of the new registered		
	Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		

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	Address	Type of Action
AMPR	Kimbery A. Stoltman	1 LOIZ Central Park BIVO	_ □Add
	,	Denver, CO 50038	
			□Change
AMBR.	Catherine R. Stoltman-S	301 SE 12100 St.	🗀 Add
	•	Summerfield, FL 34491	Remove
			Change
		·	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			Change

	<del></del>	······································	
			<del></del>
			_
			<del>-</del>
	· · · · · · · · · · · · · · · · · · ·		, <b>6</b> 406
		AHAS	AUG 2
		SEE o	23
		77	AM   9:
		- 152 - 152	: 22
			<del>_</del>
(If an e Note:	tive date, if other than the date of filing: 8-21-23 (optional)  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P  If the date inserted in this block does not meet the applicable statutory filing requirements, this date wiment's effective date on the Department of State's records.		
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 filed.	Oth day a	fter the
<b>.</b>	August 21 2023.		
Dated	Jet ( )		
Dated	Signature of a member or authorized representative of a member		