L21000231665

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COVER LETTER

Division of Co				
PC Destin		•		
SUBSECT:	Name of the	ougd Fability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter			
	Jeff Hassman			
Name of Person				
	PC Destin, LLC			
		Firm/Company		
	PO Box 133			
		Address		
	Cedar Falls, Iowa 50613			
		City/State and Zip Code		
,	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Jeff Hassman		319 610-7492		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction	
Division of C P.O. Box 63:	Corporations	Division of Cor	porations	
Tallahassee.		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PC Destin, LLC		
(<u>Name of the Limited Lia</u> (A blo	bility Company as it now appears on our (ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on May 18, 20	21 and assigned
Florida document number <u>L21000231665</u>		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company, the designation	v"LLC" or the abbreviation "LLL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	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>g</u> :	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	oddress
	City	, Florida Zip Code
	Ciţy	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 performence 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	Charles Highers	290 Dawn Ln	= Add
		Mary Esther, Florida 32569	· -
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			□Remove
			
			□ Remove
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etive date, if other than the effective date is listed, the date is	re date of filing	g: Leannot be prior to	date of filing or mo	(option 90 days after	o nal) Hiling a Pursuant to 60	15 029
e: If the date inserted in this ument's effective date on the	błock does not u	nect the applicab	le statutory filing	requirements, this	s date will not be lis	sted :
union senective date on the	осраниене от л	nate victorias.				
cord specifies a delayed effect	ive date, but not	an effective time	e, at 12:01 a.m. or	the earlier of: (b) The 90th day aft	er th
filed.					, , , , , , , , , , , , , , , , , , , ,	,
November 17		2023				
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