121000263727

(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
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COVER LETTER

Division of Con			•
	TINPCB, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this mutter	to the following:	
	Crystal Ball		
		Name of Person	
	INVESTINPCB, LI	LC	
		Finn/Company	22
	3819 Quail Street		AUG
		Address	22
	Panama City Bea	ch, FL 32408	22 AUG 22 PM 12: 35
		City/State and Zip Code	
	crystalizepcb@gmail.com		
	E-mail address (to be used for future annual report notil	lication)
For further information of	concerning this matter, please co	all:	
Victoria Carter		at (_901)383-086 Area CodeDaytim	94
Name o	of Person	Area Code Daytim	94 e Felephone Number
Enclosed is a check for t	he following amount:		
■ \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of T	
Tallahassee,	rL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTINPCB, LLC			
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L21000263727</u>	and assigned		
This amendment is submitted to amend the following	मह:		
A. If amending name, enter the new name of th	e limited liab	oility company here:	
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		3819 Quail Street	۷ - ۲
Principal office address MUST BE A STREET ADDRES.		Panama City Beach, Florida 32408	22 AUG 22
Enter new mailing address, if applicable:		3819 Quail Street	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Mailing address MAY BE A POST OFFICE BOX)		Panaura City Beach, Florida 32408	
			5
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our records, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	Crystal Ball		
New Registered Office Address:	3819 Quail Str		
-		Enter Florida street address	- -
	name of the D		11/0

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

dotloop signature verification

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	Crystal Chaillou	8-416 Thomas Drive	□Add
		Panama City Beach, Florida 32407	■Remove
			□Change
AMBR	Crystal Ball	3819 Quail Street	XlAdd
		Panama City Beach, FL 32408	!Renawe
			□Change
			22 AUG 20 PHIZ: 35d
			::₹
			□Add
			□Remove
			□Change
			□Add
			□ Пенкуе
			□Change
			□Add
			□Remove
			□Change

D. If ame	nding any other informatio	on, enter change(s) here: (Attach o	additional sheets, if necessary.)	
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Note:	ve date, if other than the da ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depa	k does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605 y filing requirements, this date will not be liste	.0207 (3)(b) ed as the
If the record record is fil		ate, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after	r the
Dated :	August 19th			
	Cry	stal Ball		
	21	gnature or a member or authorized represe	nunve of a member	
	Crystal Ball, Authorized N			
		Typed or printed name of sig	gnee	

Filing Fee: \$25.00