4/21/23, 7:13 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000148946 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P.C.P.M. LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

APR 24 2023

T. LEMIEUM

Electronic Filing Menu Corporate Filing Menu

From: Laura Rodriguez

	(COVER LETTER	*		
		"			
	IMITED LIABILITY COMPA	NY	?		
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspondent	ondence concerning this matter t	o the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
	Firm/Company				
	101 N Brand Blvd 11th Fl				
		Address	 		
	Glendale, CA 91203				
		City/State and Zip Code			
	ikesterism1@gmail.com				
	E-mail address: (to	be used for future annual report notif	ication)		
For further information of	concerning this matter, please ca	II:			
Cheyenne Moseley		800 773-0888			
Name c	P.C.P.M. LIMITED LIABILITY COMPANY Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. mall correspondence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th FI Address Glendale, CA 91203 City/State and Zip Code ikesterism @gmail.com E-mail address: (to be used for four annual report notification) information concerning this matter, please call: Moseley Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle

Tallahassee, FL 32301

From: Laura Rodriguez

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P.C.P.M. LIMITED LIABILITY COMPANY		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number 1.22000165764	were filed on 04/06/2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Andy's Place 7 by P.C.P.M LLC		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" or the abbre	viation "L L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	じ _い	63
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address fiere.		**±
		[⊘]
Name of New Registered Agent:		
New Registered Office Address:		PH 12:
	Enter Florida street address	<u>15</u>
	, Florida .	32 2
	Cuy	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 paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fan ovided for in Chapter 605, F.S. Or, if	nihar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andy De Jesus	18276 Macassar Rd., Weeki Wachee, FL 34614	■ Add
			☐ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			
			☐ Remove
			Change

, Page: 6 of 6	2023-04-21 05.16.36 PDT	LegalZoom com, Inc.	From: Laura R
D. If amending any other inform	nation, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
			.

*		the same and a same of half a suppose of the same of t	
100 days of the second			

E Effective data if atheretical	and the of Clause	4 .4 n	
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: ast be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	or more than 90 days after filing.) Pursu- filing requirements, this date will no	ant to 505,0207 (3)(b) of be listed as the
If the record specifies a delay (b) The 90th day after the re	ed effective date, but not an effecti cord is filed.	ve time, at 12:01 a.m. on th	e earlier of:
Dated	1258		
		c Dedus	
	Signature of a member or authorized represent		
Isaac Desalvo			
,5560 500110	Typed or printed name of sign	00	