To:

Page: 1 of 4

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.

(((H22000187186 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151 Fax Number : (727)362-6131

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

F 3 T	Address:	
-mai	unarest.	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4507 9TH STREET WEST PCPRE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Fax: (850) 617-6383

Page: 2 of 4 05/25/2022 4:43 PM

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

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	4	•	

4507 9TH STREET WEST PCPRE, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Companication for this Liability Companication f	y were filed on 04/27/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new regin	 stere
Name of New Registered Agent:		ZHAY 2	半
New Registered Office Address:	Enter Florida street address	6 770	PROVE.
	Florid	la : Zho lode	<u> </u>

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

om: William Lazenby Fax: 17273626151

To:

Fax: (850) 617-6383

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05/26/2022 4:43 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000187186 3

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
			□Remove
			Change
MGR	PCPRE MANAGEMENT, LLC	12945 SEMINOLE BLVD., BLD. 1 SUITE 15	□Add
		LARGO, FL 33778	■ Remove
			□Change
MGR	PCPRE Management 23, LLC	12945 SEMINOLE BLVD., BLD. 1 SUFFE 15	• Add
		LARGO, FL 33778	Remove
			Change
			□Add
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Effective date, if other than the off an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not r	meet the appli	icable statutor	ng or more than y filing requir	(option: 90 days after fili ements, this da	ng.) Pursuant to (ite will not be l	605.0207 listed as
e record specifies a delayed effective rd is filed.	date, but not	t an effective	time, at 12:01	a.m. on the c	arlier of: (b)	The 90th day a	fter the
May 26		2022	·				
Dated							
Dated May 26		021	thorized represe				