122000338241

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	diess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
 		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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FLORIDA CAPITAL COURIER SERVI	CES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this acc	ount: I20210000160: \$60.00
Authorization Signature:	Sanas fulle :
PC INDUSTRY, LLC	L22000338241
BUSINESS NAME	DOCUMENT #
X Copy of Articles of Orga	nization
X Certificate of Status	
x Continuate of Claras	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Revocation of Dissolution Merger Articles of Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

COVER LETTER

TÓ:

Registration Section Division of Corporations

Tallahassee, FL 32314

PC Industry SUBJECT:		<u> </u>		
	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 matter	to the following:		
	Ray Delfino			
		Name of Person		
	PC Industry, LLC			
		Firm/Company		
	1103 N. Wheeler St			
	-	Address		
	Plant City, FL 33563			
		City/State and Zip Code	·	
	bskfinancial@aol.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
Bernard R. Skerkowski		813 758-2279		
Name of Person		at () Area Code Daytim	te Telephone 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 Addre</u> Registration		Street Address: Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 H. A. 19 En PC Industry, LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/01/2022}{}$ and assigned Florida document number 1.22000338241 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1103 N. Wheeler St. Enter new principal offices address, if applicable: Plant City, FL 33563 (Principal office address MUST BE A STREET ADDRESS) 1103 N. Wheeler St. Enter new mailing address, if applicable: Plant City, FL 33563 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Ray Delfino Name of New Registered Agent: 1103 N. Wheeler St. New Registered Office Address: Enter Florida street address ___. Florida 33563 Zip Code Plant City

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.

Ray Delfino

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
AP	Michael Wilson	803 Hamlin St	
		Plant City, FL 33563	
			□Change
RA	Michael Wilson	803 Hamlin St	□ Add
		Plant City, FL 33563	⊠Remove
			□Change
RA	Ray Delfino	1103 N. Wheeler St	⊘ Add
		Plant City, FL 33563	Remove
		□Change	
			□Add
		□ Remove	
		□Change	
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E. Effective da	te, if other than t late is listed, the date n	he date of filin	5/18/2023 g:		(o	ptional)	
Note: If the	late is listed, the date n date inserted in this iffective date on the	block does not i	meet the applica	to date of filing or an inble statutory fili	nore than 90 days and requirements.	this date will not	t to 605,0207 be listed as
f the record spec record is filed.	ifies a delayed effec	tive date, but no	t an effective tir	me, at 12:01 a.m.	on the earlier of	: (b) The 90th da	ay after the
May Dated	18		2023	<u> </u>			
							