

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.

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To:	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081	
	Phone : (307)200-2803	
	Fax Number : (855)330-1010	
Enter the e	email address for this business entity to be used report mailings. Enter only one email address plea	for futu ise. 😻
Email A	address:	

PCL LOCAL DEV AND REPAIR LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX OCT 17 2022

ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

PCL Local Dev and Repair LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000430764		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbr	eviation "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 office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, enter the name	of the new registered
		200
New Registered Office Address:	Enter Florida street address 5	F 77
·	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	CO RX EX	5. 1. 5. 5 1
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agre	

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 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>	Name	Address	Type of Action
<u>AMBR</u>	Edward de Pasquale	7901 4th St N	XAdd
		STE 300	Remove
		St. Petersburg, FL 33702	□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
		Atti and the second sec	Change
		FUT.	□Add
			Remove
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Note: If t	date, if other than the day we date is listed, the date must be the date inserted in this block is effective date on the Depar	k does not meet the applica	able statutory filing re	(optional than 90 days after filing equirements, this dat) g.) Pursuant to 605.0207 (e will not be listed as t
e record sp rd is filed.	pecifies a delayed effective d	late, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
Dated	October 14	2022	<u> </u>		
		2022 R: L. T.L. gnature of a member or author			
	Si	gnature of a member or autho	rized representative of :	n member	
		Riley Park			
		Riley Park	TITULA SELLAR		

Filing Fee: \$25.00