## h22000471113

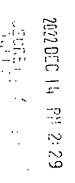
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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## **COVER LETTER**

	Dan 1.		* *		•
UBJECT:	1. 1 1 Car	Name of Lim	ited Liability Company		
	•			•	
e enclosed Arti	icles of Amendmer	nt and fee(s) are sub	mitted for filing.		
ease return all c	correspondence cor	ncerning this matter	to the following:		
			, 11.115		
			MillS Name of Person		
		PCB Va	Cations Firm/Company		
			Firm/Company		202
		465 Ra	borts Ave		2022 DEC 04 084
					=
		Louisy	City/State and Zip Code		
			ills & Comai Can to be used for future annual report notif		7 Fil 2: 29
r further inforn	nation concerning	this matter, please c	all:		
Tin	a Will S		at (5e) 399- Area Code Daytime	7251	<del></del>
	Name of Person		Area Code Daytimo	: Telephone Number	
closed is a chec	ck for the followin	g amount:		,	
□ \$25.00 Filing		00 Filing Fee & rtificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Address:		Street Address:	ytion.	
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PCB Vacations, uc						
(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 Florida document number <u>L22000471113</u> .	were filed on 117 2022 and assigned					
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 Liabi	ility 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:	465 Roberts Ave III II					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered					
Name of New Registered Agent: Tina M	:115					
New Registered Office Address: 9107	ABBA LA Panama Coty Beach Fl Enter Florida street address					
	, Florida 32407					
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

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	<u>Address</u>	Type of Action
MCR	Sect Mills	5830 Cedar Grave Rd	(DAdd
		Shepherdsville ky 40165	□Remove
		<u> </u>	□Change
AMBR	Savanoch Mills	5830 Cedar Grove Rd	□Add
		Stepherdsville Ky 40165	Premove
			□Change
AMBR.	Tina Mills	58 30 Cedar Grove Rd	Claded
		Snepherd SVILLE Ky 40165	□Remove
			□Change
		<del></del>	DAdd  CR. DRemove
			TR BRemove
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			Remove
			□Change
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			Remove
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