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COVER LETTER

SUBJECT: PC Reptiles LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Philip Barnett Name of Person Firm/Company 5405 Killarney Ave Address FI.PIERCE FL 34951 City/State and Zip Code During Libert Code Surret Libert Code Daytime Telephone Number Enclosed is a check for the following amount: Philip Barnett at (Sb) L33-1380 Daytime Telephone Number Enclosed is a check for the following amount: Page 25.00 Filing Fee Scrifficate of Status Certificate of Status Registration Section Street Address: Registration Section Street Address: Registration Section	TO: Registration Section Division of Corporations			
The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Philip Barnett Name of Person Firm/Company 5405 Killarney Ave Address FI. Pierce FL 34951 City/State and Zip Code Durnett Giv/State And Code Durnett Giv/State Giv	SUBJECT: PC			
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Philip Barnett Name of Person Firm/Company 5405 Killarney Ave Address F1.Pierce FL 3495 City/State and Zip Code Durnett Company For further information concerning this matter, please call: Philip Barnett at (Sb) 433-1380 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following am	The enclosed Articles of Am	endment and fee(s) are submitt	ted for filing.	
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Philip Barnett at (Sb) 433-1380 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\int \frac{1}{2} \fra	_)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$255.00 Filing Fee \$30.00 Filing Fee & \$555.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address: Registration Section **Street Address: Registration Section	For further information conce	eming this matter, please call:		
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Certificate of Status (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certificate of Status & Certified Copy (additional copy is enclosed)	Enclosed is a check for the fo	llowing amount:		
Registration Section Registration Section	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
District of Companies	Registration Sect	ion	Registration Section	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	JKGANIZA.	LION	.
•	OF		$\Im_{\mathcal{O}_{\Gamma}}$
PC RCPTICS (Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our record	23007/16 PH S. 11
The Articles of Organization for this Limited Liability Compan	y were filed on	3.22.	23 and assigned
Florida document number <u>L2300014S23</u> 4	l		` '^*;
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
BOR KINGDOM L The new name must be distinguishable and coltain the words "Limited Liab	LC ility Company," the c	esignation "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 office agent and/or the new registered office address here:	address on our r	ecords, <u>enter</u>	the name of the new register
· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street addres:	5
		, Flo	orida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of provided for in (my duties, an Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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
	Authorized Member

Title	<u>Name</u>	Address	Type of Action
			DbAC
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Add
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If an effect Note: I	te date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	October 6, 2023.
	October 6, 2023. Philip Barenett Signature of a member or authorized representative of a member
	Phillip Barnett

Filing Fee: \$25.00