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COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	CF LOWELO	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	MIKKIa	Harper Name of Person	
		Firm/Company	
	1836 S	, Ridge Address	
	Valrico	F1 33594 City/State and Zip Code	
	ICKELAN E-mail address: (t	· i · · · · · · · · · · · · · · · ·	bbler factory. com
For further information of	concerning this matter, please ca	ıll:	
MIKKIG Name o	Harper of Person	at (<u>773</u>) <u>308</u> Area Code Daytime	7932 : 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)

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

Street Address:

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

PCF Lakela	nd LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny <u>as it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 244</u> 5 [This amendment is submitted to amend the following:	were filed on <u>5-18-23</u>	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	MA	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	J FT	20
New Registered Office Address:		23
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip <u>Lo</u> de
		North and the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am f	familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
AMBR	Mikkia Harper	1836 S. Ridge Dr.	_ Xvaa
		Valrico F1 33594	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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I am only adding an authorized Member.	
	202
	3 AM
	2
ffective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days fote: If the date inserted in this block does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed.	of: (b) The 90th day after the
Signature of a member or authorized tepresentative of a member	