## LAHUUGBAOUUC

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700440564097





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCB REAL ESTATE INVESTMENTS, LLC

( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)  appears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on and assigned
Florida document number L24000320060	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
PCB REAL ESTATE INVESTMENT GROUP, LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	<u> </u>
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:	our records, <u>enter the name of the new regist</u>
New Registered Office Address:	
En	iter Florida street address
Ей	nter Florida street address, Florida

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 of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			Remove
			☐Change
			, □Add
			Co Remove z.:
			— □Change
			Remove
			□Change

****	
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to e:  If the date inserted in this block does not meet the applica ument's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.02 ble statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective tin filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed	٠.
	· · · · · · · · · · · · · · · · · · ·
Signature of a member or author	rized representative of a member , CD
	~ <u>~</u> ~
JahlmWb@aum	~~;

Filing Fee: \$25.00