

L12 000 146560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

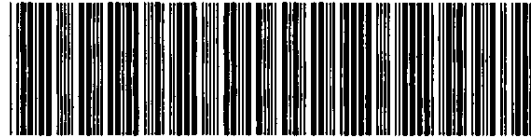
(Business Entity Name)

(Document Number)

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2018 MAY 14 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

PBP Investments, LLC

(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 were filed on November 20, 2012 and assigned Florida document number L12000146560.

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 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)

12161 Ken Adams Way

Suite 209

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12161 Ken Adams Wway

Suite 209

Wellington, FL 33414

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

12161 Ken Adams Way, Suite 209

Enter Florida street address

Wellington

City

Florida

Zip Code

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

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TALLAHASSEE, FLORIDA
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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hugo M. Morales	1845 NW 112 Ave.	<input checked="" type="checkbox"/> Add
		Suite 189	<input type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
MGR	Tamara Monasterio	1845 NW 112 Ave.	<input checked="" type="checkbox"/> Add
		Suite 189	<input type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
MGR	Diego Morales	1845 NW 112 Ave.	<input checked="" type="checkbox"/> Add
		Suite 189	<input type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
AMBR	Sarah Moira Morales Jordan	1845 NW 112 Ave.	<input checked="" type="checkbox"/> Add
		Suite 189	<input type="checkbox"/> Remove
		Miami, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

