

11/28/2016 21:04  
 Division of Corporations (FAX) P:001/005  
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**L160000998191**

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.  
 Account Number : I20090000078  
 Phone : (561)801-7312  
 Fax Number : (561)515-3904

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ffrisbie@gmail.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MSPB LLC

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 16 NOV 29 AM 9:57  
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(FAX)

P.002/005

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MSPB 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:

**PAUL A. KRASKER**

\_\_\_\_\_  
Name of Person

**LAW OFFICE OF PAUL A. KRASKER, P.A.**

\_\_\_\_\_  
Firm/Company

**501 SOUTH FLAGLER DRIVE SUITE 201**

\_\_\_\_\_  
Address

**WEST PALM BEACH, FL 33401**

\_\_\_\_\_  
City/State and Zip Code

**ffrisbie@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**PAUL KRASKER**

561 515-4722  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSPB 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 5/23/2016 and assigned Florida document number L16000099819.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: FRANCES W. FRISBIE

New Registered Office Address: 439 WORTH AVENUE  
*Enter Florida street address*

PALM BEACH, Florida 33480  
*City 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.*

**Frances Frisbie**

Digitally signed by Frances Frisbie  
DN: cn=Frances Frisbie, o, ou,  
email=ffrisbie@gmail.com, c=US  
Date: 2016.11.22 11:07:21 -05'00'

If Changing Registered Agent, Signature of New Registered Agent

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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>
AREP	FRANCES W. FRISBIE	as Authorized Representative	<input checked="" type="checkbox"/> Add
		439 WORTH AVENUE	<input type="checkbox"/> Remove
		PALM BEACH, FL 33480	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Authorized Representative for Member and Registered Agent

Multiple horizontal lines for entering amendments.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 22, 2016

Handwritten signature of Robert Frisbie

Signature of a member or authorized representative of a member

ROBERT FRISBIE

Typed or printed name of signee

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