

LD3000040526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

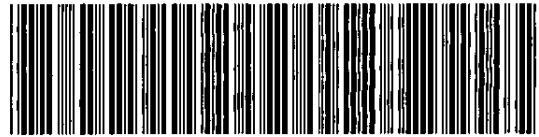
Special Instructions to Filing Officer:

L. SELLERS

FEB 11 2010

EXAMINER

Office Use Only



300168313203

02/10/10--01026--009 **30.00

FILED
10 FEB 10 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* Please note - the IRS is issuing a new FEIN Number. We would like to include that information to be updated so we don't have to refile. Thx!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P.B.m., LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter B. McAllister
Name of Person

P.B.m., LLC
Firm/Company

30 SE 7 St, 2nd Floor, Suite "G"
Address

Boca Raton, FL 33432
City/State and Zip Code

peter@pbmdevelopment.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter B. McAllister at (561) 368-2544
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) *- new filing only*

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

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

P. B. M., 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 10/22/2003 and assigned Florida document number L03000040526.

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 end with 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)

30 SE 7th St.
2nd Floor, Suite "G"
Boca Raton, FL 33432

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:

Enter Florida street address

, Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 FEB 10 PM 2:55
Zip Code

FILED

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mGRM</u>	<u>PBM Realty, Inc.</u>	<u>30 SE 7 St. 2nd Floor, Suite "G"</u> <u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mGRM</u>	<u>Peter B. McAllister</u>	<u>30 SE 7 St., 2nd Floor, Suite "G"</u> <u>Boca Raton, FL 33432</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mGRM</u>	<u>PBM Development, Inc</u>	<u>30 SE 7 St, 2nd Floor Suite "G"</u> <u>Boca Raton, FL 33432</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

✓ Dated _____, _____.

Peter B. McAllister President PBM Development, Inc
Signature of a member or authorized representative of a member

Peter B. McAllister AS President PBM Development, Inc.
Typed or printed name of signee

FILED
 10 FEB 10 PM 2:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



**Department of the Treasury
Internal Revenue Service
Ogden, UT 84201**

**In reply refer to: 0441328831
Feb 09, 2010 LTR 147C
80-0542962**

**P B M LLC
PBM REALTY INC PTR
30 SE 7TH ST STE G
BOCA RATON FL 33432**

Taxpayer Identification Number: 80-0542962

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of February 9th, 2010.

Your Employer Identification Number (EIN) is 80-0542962. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely

**Debra A Fink
0143475
Customer Service Representative**