## 200000104075

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

Office Use Only



300186234853

10/08/10--01008--008 \*\*25.00

FILED

10 OCT -8 PM 2: 08

SECKETARY OF STATE

D. BRUCE OCT 11 2010 EXAMINER

## **COVER LETTER**

Taliahassee, FL 32314

TO:	Registration S Division of Co	Section orporations				
SUBJE	ECT:	P	OB, LLC			
		Name of Lim	ited Liability Company		•	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	oondence concerning this matte	r to the following:			
			D. S. Patel		_	
			Name of Person			
			POB, LLC			
			Firm/Company			
			P. O. Box # 2042		<b></b> -	
			Address		28 <b>5</b>	
		Ormo	ond Beach, FI 32175-2	2042	OCT -8	
	City/State and Zip Code					
		E-mail address; (	dspatel1@msn.com to be used for future annual rep	ort notification)		
For fur	ther information	concerning this matter, please of	call:		M 2: 08 F STATE FLORIDA	
		D. S. Patel	at ( 386 )	679-0322		
	Name	of Person	Area Code &	Daytime Telephone Numb	er	
Enclose	ed 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 e	nclosed) Certifie	eate of Status &	
	Regist Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	Registration	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P	OB, LLC			
(Name of the Limited Liability C (A Florida Lir	ompany as it now appointed Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Cor	npany were filed on _	October 26, 2006	_ and assigned	
Florida document number L06000104675	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company h	ere:		
The new name must be distinguishable and end with the words	"I imited I inhility Com	none " the decienation "I I C	"" on the abbreviation	
"L.L.C."	Elimied Liability Com	pany, the designation LLC		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		9 11	
		SS	Go [	
		يبان المارية	R I	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			8	
			·····	
B. If amending the registered agent and/or register	ed office address on	our records, enter the	name of the new	
registered agent and/or the new registered office addres		,		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 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>	Address	Type of Action
MGR	Sheriff Guindi	730 So. Atlantic Ave. Ormond Beach, Fl 32176	Add  Remove
			Add Remove
			Add  Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ento	er change(s) here: (Attach additional sheets, if nece	ssary.)
			TILEC CREJARY OF S LANASSEE, FU
 Dated	October 5th	, <u>2010</u> .	CORIGA FORTE
	Signature of	a member or authorized representative of a member  D. S. Patel	
		Typed or printed name of signee	·····

Page 2 of 2

Filing Fee: \$25.00