# L0800003733/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY - 2 2010
EXAMINER



04/30/10--01047--001 \*\*25.00

## FILED 2010 APR 30 PH 3: 29 SECRET RAY OF SIATE

SUBJECT:	PBA (	GROUP, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Daniel Heidenreich		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		PBA GROUP, LLC	<b>נית</b> היי	
		Firm/Company		
		1446 Nw 111st Court	SECRE UAR MLUAHASS	FILED
		Address	in the second	
		Doral, Florida 33178	PH 3: 29	0
		City/State and Zip Code	2. S	
	acco	ounting1040@gmail.com		
	E-mail address: (	to be used for future annual report notificat	lion)	
For further information of	concerning this matter, please of	call:		
	Marias Freitas	41 (	7-12-05	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ł
	ING ADDRESS:	STREET/COURIE	R ADDRESS:	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section Division of Corporati	0DS	
		Clifton Building		
		2661 Executive Center Tallahassee, FL 3230		
			-	

### **COVER LETTER**

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PBA GROUP, LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_\_\_ 04/14/2008 and assigned Florida document number L08000037331

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 "Limit	ted Liability Company," th	e designation "LLC"	or the s	abbreviation	
"L.L.C."		E.co	102	-	
			40	*	
Enter new principal offices address, if applicable:	·		<u>Ap</u>	·	
(Principal office address MUST BE A STREET ADDRESS)		AS	रू अ		
			0		
		<u>[]e</u>		<b></b>	

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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	E	·
	Enter Flor	ida 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

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

. . . . .

1.1.1

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Fatima M. Freitas	7063 Nw 113rd Place Doral, Florida 33178	Z Add Remove
MGRM	Maria F. Freitas	7063 Nw 113rd Place Doral, Florida_33178	17 Add Remove
MGRM	Rosa K. Loreto	50 Nw 37 Ave. Apart 1101 Miami, Elorida 33125	IZ) Add Remove
MGRM	Ricardo G. Scattolini	60 Nw 37 Ave. Apart 1101 Miami, Florida 33125	Add Remove
			AM Remove 
			Add Remove ALCA
D. If amendi	ng any other information, enter chauge(	s) here: (Attach additional sheets, if necessary.)	Add BREMOVE
 Dated	April 26 201 Daulbed	end	_ 1> (2) _
-	Signature of a member of Dan	r authorized representative of a member tigh Heidenreich r printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00

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