L100000 25827

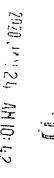
uestor's Name)	
ress)	
ress)	
/State/Zip/Phone	e #)
MAIT	MAIL
iness Entity Nam	ne)
ument Number)	
Certificates	of Status
iling Officer:	
	ress) /State/Zip/Phone WAIT iness Entity Nam ument Number) Certificates

Office Use Only



100339563911

01/24/20--01010--026 *+55.00



C GOLDEN FEB 2 1 2020

COVER LETTER

TO:	Registration Sec Division of Corp			
SU B JI	ECT:	PB IN Name of Limit	TERIORS, U.C. ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspoi	ndence concerning this matter t	o the following:	
		SUSAN	PRIDGEN Name of Person	
		PB1	NTERIORS UC Firm/Company	<u>,</u>
		3090	CARMELLO 1 Address	NE.
		Off	ANDO FU 329 City/State and Zip Code	814
		Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: SUSAN PRIDGEN Name of Person Firm/Company 3090 CALMELLO AVE Address OLLAND FU 32814 City/State and Zip Code SUSAN PRIDGES. (to be used for future annual report notification) Primal address: (to be used for future annual report notification) Area Code Daytime Telephone Number back for the following amount:		
For fur	ther information co	oncerning this matter, please ca	II:	
	Name of	UTX EUS Person	at (407) 837 Area Code Daytime	-8933 Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$ 2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PB 1	NTTERIORS, UC 2020, 17724 AM 10:42
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on 3 8 2010 and assigned 25827
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
	d Liability Company as it now abpears on our records.) A Florida Limited Liability Company) ability Company were filed on
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BE	OX)
B. If amending the registered agent and/or regagent and/or the new registered office address	
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 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 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>	Address	Type of Action
MAR	SHONA BINKOUSKI	925 UERANDA PLAC	L□Add
		CELEBRATION, FL 34747	tremove
		34747	7 □Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Remove
		-	
			🗀 Add
			□Remove
			Change
			⊡Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
-	
-	
-	
_	
_	
_	
-	
-	
_	
_	
_	
ecti n eff	ive date, if other than the date of filing: 23 20 (optional) ective 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 605,020
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
s fil	
ted .	12/31 19 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Susan M Priden Typed or printed name of signee