# 410000033397

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

Office Use Only



200430643672

05/31/24--01024--019 +\*60.00



### **COVER LETTER**

Division of Cor	poration\$		
RBI COMM	MISSIONING GROUP, LLC	•	
BJECT:	Name of Lim	ted Liability Company	
ne enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
ease return all correspo-	ndence concerning this matter	to the following:	
	Michael Maloney		
		Name of Person	
	PBI COMMISSIONING C	GROUP, LLC	
		Firm/Company	
	1116 Seminary Street		
		Address	<u> </u>
	Key West, FL 33040		
		City/State and Zip Code	
	michaeljmaloneykw@gmai		
	E-mail address: (	to be used for future annual report notif	ication)
or further information o	oncerning this matter, please ca	all:	
Michael Maloney		407 383-2136 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
nclosed is a check for th	he 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

TO:

Registration Section

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

	Key West	, Florida 33040 Zip Code
Name of New Registered Agent:  New Registered Office Address:	Enter	Florida street address
New Registered Office Address:	1116 Seminary Street	
Name of New Registered Agent:	Michael Maloney	
ent and/or the new registered office addr	ess nere:	
		ur records, enter the name of the new registe
ailing address MAY BE A POST OFFICE	<u> </u>	ζ, )
ter new mailing address, if applicable:	<del></del>	
		•
rincipal office address MUST BE A STRE		
ter new principal offices address, if appl	icable:	
new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."
if amending name, enter the new name	or the minicu nabinty compan	y nere.
If amending name, enter the new name	-	v here:
is amendment is submitted to amend the fo	llowing:	
orida document number L10000032387	<u> </u>	
		03/24/2010 and assigned
	(A Florida Limited Liability Compa	лу)
(1.11.11)	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)

#### 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 Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
MGR	Therese A MALONEY	129 Cunningham Lane	□Add
		Big Pine Key, FL 33043	■Remove
			□Change
			🗆 Remove
			□Change
	<del>-</del>		□Add
			□Remove
			☐Change -
			□Add
			ПRеточе
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			Channe

## Page 2 of 3

	<del></del>					
<del></del> _						
	<del></del>	<del></del>				
<del></del>		<del></del>				
<u> </u>			<del></del>			<del></del>
				<del></del>		
· · ·						
	· · · · · · · · · · · · · · · · · · ·	<del></del>	···		<del></del>	<del>_</del>
<del></del>						
					·	
	· · · · ·	<del></del>		<del></del>		
		· <del>-</del>	<del></del>	<del></del>		
ote: If the date i	other than the date listed, the date must be s inserted in this block d ive date on the Depart	loes not meet the a	pplicable statutory	or more than 90 days filing requirements	optional) after filing.) Pursuant to this date will not be	o 605.020' e listed as
e record sp <b>ec</b> i The 90th d <b>ay</b>	ifies a delayed effort after the record	ective date, bu is filed.	t not an effecti	ve time, at 12:	01 a.m. on the e	arlier o
ated	May 2	<u>3</u> . <u>20</u>	14			
	× 11/	. v	1			
	Sign	atum of a mambas on	fauthorized represent	stive of a member		_

Page 3 of 3

Filing Fee: \$25.00