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| Certified Copies          | Certificates        | of Status     |
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| Special Instructions to F | iling Officer:      | <del>27</del> |
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Office Use Only



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S. HAWKES

JUL 7 2010

EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: PBS TECHNOLOGY GROUP, LLC  Name of Limited Liability Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| CYNTHIA L. EATON, MD  Name of Person   |
| PBS Technology Group Firm/Company  |
|  |
| 1505 88th Court NW  Address Florida  Bradenton # 34709   |
| Bradenton, El 34209  City/State and Zip Code  Ceaton md@amail: com  E-mail address: (to be used for future achual report notification)   |
| For further information concerning this matter, please call:   |
| CYNTHIA L. EATON at (941) 920 - 1376  Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$ |

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

| PBS Technol  | ogy Group  | LLC                      | <i>9</i> .                            |
|--|--|--------------------------|---------------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L             | Company as it now appear<br>Limited Liability Company) | s on our records.)       |                                       |
| •  | • • •  |                          |                                       |
| The Articles of Organization for this Limited Liability Co         | ompany were filed onO                                  | 3/29/20                  | 10 and assigned                       |
| Florida document number 100000 3 4 251                             | ·  | ·                        |                                       |
| ·  | •  | •                        | · · · · · · · · · · · · · · · · · · · |
| This amendment is submitted to amend the following:                | Manager/Memb   | per Detail               |                                       |
| A. If amending name, enter the new name of the limi                | ited liability company her                             | <u>e</u> :               | 75.                                   |
|  |  |                          |                                       |
| The new name must be distinguishable and end with the wor "L.L.C." | ds "Limited Liability Compa                            | ny," the designation     | "LLC" or the abbreviation             |
| Enter new principal offices address, if applicable:                | <del> </del>   |                          |                                       |
| (Principal office address MUST BE A STREET ADDR                    | RESS)  |                          |                                       |
|  | ·  |                          |                                       |
|  |  |                          | ·                                     |
| Enter new mailing address, if applicable:                          |  |                          |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)                         |  |                          |                                       |
|  |  |                          |                                       |
|  | 4.0,,  |                          |                                       |
| B. If amending the registered agent and/or regist                  |  | ur records, <u>enter</u> | the name of the new                   |
| registered agent and/or the new registered office add              | <u>ress here</u> :                                     | •                        |                                       |
|  |  | í                        |                                       |
| Name of New Registered Agent:                                      |  |                          |                                       |
| New Registered Office Address:                                     |  | t                        |                                       |
|  | 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 **Address** Type of Action **Title** <u>Name</u> TAYLOR HAMILTON 717 SOUTH ORLEANS AVE (TAYLOR B. HAMILTON) TAMPA, FL 33606 MGRM 🔽 Add Remove Remove ☐'Add Remove ΠAdd Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member THIA L. EATON, MD
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00