1000000148

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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L. SELLERS

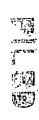
FEB 25 2011

EXAMINER



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02/08/11--01022--008 **25.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2011

PBR LAND SERVICS LLC 4809 FOXSHIRE CIRCLE TAMPA, FL 33624

SUBJECT: PBR LAND SERVICES LLC

Ref. Number: L10000086148

We have received your document for PBR LAND SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to amend anything in the records of this office, the enclosed amendment form must be completed in its entirety and include a signature of the member/manager or authorized representative. Minutes are not recorded in this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 011A00003524



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PBR Lan	d Services LLC		<u></u>
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea lited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com Florida document numberL10000086148	pany were filed on	8/17/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company her	<u>'e</u> :	
	N/A		
The new name must be distinguishable and end with the words "L.L.C."	*Limited Liability Compa	my," the designation "L	LC" or the aboreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRES	<u>'SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
INCLUDE WALLESS MAT BE ATOST OFFICE BOAT			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: N/A	ed office address on on the shere:	our records, enter t	he name of the new
New Registered Office Address:		; 	
Now registered office reducess.	En	er Florida street add	ess N
	City	Fage.	Zip Code To
New Registered Agent's Signature, if changing Registered Ag	gent:		: 39

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
MGRM	Melanie B. Hu	utchinson	4809 Foxshire Circle Tampa FL 33624	Add Remove
		4		Add Remove
				Add Remove
	· ·			Add Remove
·				Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
	nending any other inform	nation, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
				
Dated		Able	011.	
	S	Rob	r or authorized representative of a member pert B. Hutchinson	
		Typed	or printed name of signee	

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Filing Fee: \$25.00