## L10000102345

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D. BRUCE

OCT 29 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Se • Division of Cou	ection porations		
SUBJECT:	PBJ GROU	P	
SUBJECT.		ed Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ASHANTI	JOHNSON Name of Person	
	PBJ G	ROUP Firm/Company	<del></del>
	110 Washing	ton Ave. Suite # 17,	10 OCI 28  ALLAHASS
	as hanti.jol	ACH FL 3313  City/State and Zip Code  MSM Q 9Mail. com  o be used for future annual report notification	
For further information	concerning this matter, please c	all:	<b>35</b> · • • • • • • • • • • • • • • • • • •
ASHANTI Name	Jo HNSON	at (954) 895 - 9  Area Code & Daytime Te	elephone Number
Enclosed is a check for	the 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)
	LING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PBG GROU			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on or imited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Co.		ber 30, 2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
PBJ GROUP L.L.	, C.		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," th	e designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
		<b>&gt;</b>	
		SSE P	
Enter new mailing address, if applicable:		Eq. 28 M	
(Mailing address MAY BE A POST OFFICE BOX)		STA STA	
		DA CO	
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addi		cords, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	<u> </u>	, 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 ≠ Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			□ D
			Add Remove
			Add Remove
			——————————————————————————————————————
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	FILED  10 OCT 28 AM W 22  SELECTE LARY OF SAILE SHARSSEE FINALE
Dated	Signature of a member	er or authorized representative of a member	
	Type	O HNSON d or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00