410000111714

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COVER LETTER

Div	ision of Corp	porations					
SUBJECT:	PVB Investment Properties, LLC						
SOBJECT.		Name of Lim	nited Liability Company				
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspoi	ndence concerning this matter	to the following:				
		John U. Durel					
	Name of Person						
		PVB Investment Properties, LLC					
	Firm/Company						
	377 Sawmill Lane						
		<u></u>	Address				
	Ponte Vedra Beach, LA. 32082						
	City/State and Zip Code						
	Juddurel@comeast.net E-mail address: (to be used for future annual report notification)						
For further in	formation co	oncerning this matter, please of		, control of the cont			
John U. Dure			904 476-5706				
Name of Person			at () Area Code Daytim	e Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address:

TO:

Registration Section

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

	PVB Investment Prope					
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our records. lity Company))			
The Articles of Organization for this Limited I Florida document number L10000111714		re filed on October 25, 2010	and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liability	company here:				
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC" of	or the abbreviation "L.L.C."			
Enter new principal offices address, if appli-	cable:					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)						
B. If amending the registered agent and/or agent and/or the new registered office addre		ress on our records, <u>enter th</u>	e name of the new registered			
Name of New Registered Agent:	John U. Durel					
New Registered Office Address:	377 Sawmill Lane					
		Enter Florida street address				
	Ponte Vedra Beach	, Flori	ida 32082 Zip Code			
		Ciţ	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere	ed agent and agree to	act in this capacity. I furth	ier 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

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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>	Name	Address	Type of Action
AMGR	John U. Durel	377 Sawmill Lane Ponte Vedra Beach, FL 32082	= Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			🗀 Add
			□Remove
			OChange
			□ Add
			□Remove
			Change
			Add Remove
			CO DChange Live Service Servic
			□Remove
			Change

Typed or printed name of signee