L12000092320

(Re	equestor's Name)	
(110	,quosto, 5 (ta.,,o)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200238807172

08/27/12--01030--030 **25.00

12 AUG 27 PM 1: 49

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT:		3510, LLC			
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing			
Please return all corresponde	ence concerning this matter t	o the following:			
,		Cary P. Sabol, Esq.			
		Name of Person			
	Law (Offices of Cary P. Sab	ol		
•		Firm/Company	···		
		P.O. Box 15981			
	Address				
	West P	alm Beach, Florida 33	3416		
		City/State and Zip Code			
	Sabo	llawoffice@yahoo.cor	n		
	E-mail address: (to	be used for future annual repor	(notification)		
For further information con-	cerning this matter, please ca	all:			
0 0	Oakal Eas	504	004.07/	14	
Name of P	Sabol, Esq.	at (_561_)	281-274 Daytime Telephone		
Name of 1	CISON	Aiva code & L	oayume retephon	, ramber	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed)	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 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OF OFFICE OF ORGANIZATIONS OF CORPORATIONS

12 AUG 27 PM 1: 49

	PBDB51	0, LLC		···
(Name of the Limited I (A F	<u> iability Compan</u> Florida Limited Li	y as it now appear iability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document number		were filed on	July 17, 2012	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company ber	<u>.e</u> :	
	N/A			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Compa	any," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and/o registered agent and/or the new registered of	_		our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				-
	•	E	nter Florida street addr	ess
			, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Dale Koppel	137 Vassar Drive Lake Worth, Florida 33460	Add Remove
MGRM	Craig H. Deery	44 School Street Manchester, MA 01944	
			AddRemove
			AddRemove
			□ D amous
			Add Remove
D. If amer	nding any other information,	enter change(s) here: (Attach additional sheets, if no	ecessary.)
<u></u>	I/A		secessary.) 12 AUG 27
<u>-</u>			PH 1: 49
Dated	August 24		
	Signatur	re of a member of authorized representative of a member	
	Signatu	Cary P. Sabol, Esq.	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00