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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PBIT ENT	ERPRISES, LLC		
Sobstici,	Name of Lim	ited Liability Company	20
			2023 COT 27
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	_i ≥
Please return all correspo	indence concerning this matter	to the following:	7 MI
	Ting-Yu Hsu-Piboolmuruk		9: 23
		Name of Person	ω
			- ,
		Firm-Company	
	912 W Platt St #200		
		Address	
	Tampa FL 33606		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	atl:	
Ting-Yu Hsu-Piboolnum	uk	549-6134	
Name c	if Person	at (813) 549-6134 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he tollowing 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)
Mailing Addre Registration Division of C P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 001 27

PBIT ENTERPRISES, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	ó
		23
he Articles of Organization for this Limited Liability Compa	my were filed on August 2, 2012	and assigned
lorida document number L12000099772		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "IA.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	_ _
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
 If amending the registered agent and/or registered offi agent and/or the new registered office address here: 	ice address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	u 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 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

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>	<u>Name</u>	Address	Type of Action
MGR	TING-YU HSU-PIBOOLNURUK	912 W PLATT ST #200	= Add
		TAMPA FL 33606	□Remove
			Change
			Change 9: 2
			□Remove
			Change
			DAdd
			Remove
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an effective date	if other than the da is listed, the date must be	specific and	i cannot be p	rior to date	of liling or	more than '	20 days after	filing.) Purs	uant to 605,020
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record specific is filed.	s a delayed effective d	ate, but not	an effectiv	ve time, a	i 12:01 air	n, on the ea	urlier of: {b) The 90t	h day after th
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Filing Fee: \$25.00