

L12 0000146487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

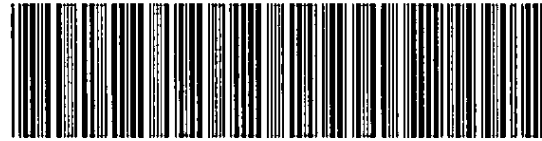
(Business Entity Name)

(Document Number)

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S. PRATHE

## **FREDERIC BARTHE PA**

17 SE 24 TH AV 2 ND FLOOR  
POMPANO BEACH, FL 33062

TEL 954.784-2800

FAX 954.301-4656

FREDERIC M. BARTHE

October 6, 2022

Florida Department of State  
Division of Corporation

Re: PBI Holdings, LLC. Doc# L12000146487. Reinstatement and name change.

To whom it may concern:

On or about September 7, 2022, our office sent via FEDEX a reinstatement application with a \$1,348.75 check an amendment together with Articles of amendment changing the name of the subject LLC and a \$25.00 check via FEDEX.

Our client recently sent us the attached correspondence from the Division together with the application for reinstatement and corresponding check. However, the articles of amendment were not returned (as they seem to have been misplaced) and the \$25.00 check we had sent with it was deposited by the Division on September 8...

Anyways, in accordance with the instructions received from Mrs. Williams, you will find enclosed: (1) the application for reinstatement with the same check in the amount \$1,348.75; (2) Articles of amendments changing the name, address, registered agent and managers of the company with a check in the amount of \$35.00; and (3) a copy of the cashed \$25.00 check previously sent to the Division with the apparently lost September 7, 2022 articles of amendments.

I thank you in advance for processing the name change and reinstatement at your earliest convenience and please let us know how the Division wishes to treat the previously paid and deposited \$25.00.

Very Truly Yours,



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PBI HOLDINGS, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDERIC BARTHE, ESQ.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17 SE 24TH AVE. 2ND FLOOR

\_\_\_\_\_  
Address

POMPANO BEACH FL 33062

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERIC BARTHE

954 784-2800  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone 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)

**Mailing Address:**

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**

PBI HOLDINGS, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/20/2012 and assigned  
Florida document number L12000146487.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PBI FLORIDA HOLDINGS, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

8551 WEST SUNRISE BLVD, STE 105

**(Principal office address MUST BE A STREET ADDRESS)**

PLANTATION, FL 33322

**Enter new mailing address, if applicable:**

8551 WEST SUNRISE BLVD, STE 105

**(Mailing address MAY BE A POST OFFICE BOX)**

PLANTATION, FL 33322

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

BERTILLE HOCQUET

New Registered Office Address:

8551 WEST SUNRISE BLVD, STE 105

*Enter Florida street address*

PLANTATION

Florida 33322

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BERTILLE HOCQUET	8551 WEST SUNRISE BLVD. STE 105	<input checked="" type="checkbox"/> Add
		PLANTATION FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCK BONDRILLE	8551 WEST SUNRISE BLVD. STE 105	<input checked="" type="checkbox"/> Add
		PLANTATION FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	PASCAL BUCHHOLZER	1986 NE 149TH ST	<input type="checkbox"/> Add
		NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**