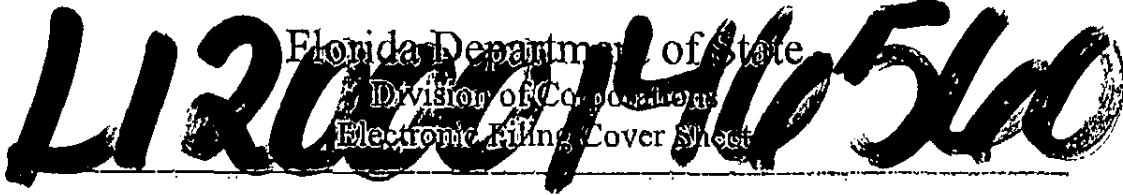


11/25 Nov. 25. 2015 12:46PM

Division of Corporations

No. 2596 P. 1/5



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KATZ & DOORAKIAN LAW FIRM, P.L.  
Account Number : I20100000035  
Phone : (561)721-6719  
Fax Number : (561)721-6733

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jmyers@Katzlawpl.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PBP INVESTMENTS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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Nov. 25. 2015 12:47PM

No. 2596 P. 2/5  
(((H15000281068 3)))

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PBP INVESTMENTS, 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:

DANIEL DOORAKIAN, ESQ.

Name of Person

KATZ & DOORAKIAN LAW FIRM, P.L.

Firm/Company

625 N. FLAGLER DRIVE, SUITE 605

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JMYERS@KATZLAWPL.COM

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

For further information concerning this matter, please call:

JESSICA MYERS

at ( 561 ) 721-6729

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

Nov. 25. 2015 12:47PM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

No. 2596 P. 3/5  
(((H15000281068 3)))

PBP INVESTMENTS, 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 L12000146560.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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 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

Nov. 25, 2015, 12:47PM  
 If ~~including~~ ~~person(s)~~ authorized to manage, enter the title, name, and address of each person being added or removed from our records: No. 2596 P. 4/5

MGR = Manager  
 AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u>            | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|------------------------|-----------------------------|--|
| MGR          | TAMARA, MONASTERIO     | 12230 W FOREST HILL BLVD.   | <input type="checkbox"/> Add               |
|              |                        | SUITE 209                   | <input checked="" type="checkbox"/> Remove |
|              |                        | WELLINGTON, FL 33414        | <input type="checkbox"/> Change            |
| MGR          | MORALES, HUGO M.       | 12230 W FOREST HILL BLVD.   | <input type="checkbox"/> Add               |
|              |                        | SUITE 209                   | <input checked="" type="checkbox"/> Remove |
|              |                        | WELLINGTON, FL 33414        | <input type="checkbox"/> Change            |
| AR           | DOORAKIAN, DANIEL ESQ. | 625 N. FLAGLER DRIVE, SUITE | <input checked="" type="checkbox"/> Add    |
|              |                        | WEST PALM BEACH, FL 33401   | <input type="checkbox"/> Remove            |
|              |                        |                             | <input type="checkbox"/> Change            |
|              |                        |                             | <input type="checkbox"/> Add               |
|              |                        |                             | <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               |
|              |                        |                             | <input type="checkbox"/> Remove            |
|              |                        |                             | <input type="checkbox"/> Change            |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 24, 2015

DANIEL DOORAKIAN, ESQ.

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