# 62175

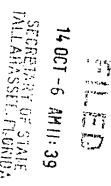
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



100262290791

10/06/14--01032--015 \*\*25.00



### **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: 1100 25th Street, 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 J. Shepherd, Esquire Name of Person Daniel J. Shepherd, P.A. Firm/Company 3896 Burns Road, Suite 101 Address Palm Beach Gardens, Florida 33410 City/State and Zip Code dan@djspa.com

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

For further information concerning this matter, please call:

# Daniel J. Shepherd, Esquire at (561) Area Code Daytime Telephone Number

■ \$25.00 Filing Fee

Enclosed is a check for the following amount:

☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1100 25th Street, LLC		
(Name of the Limited ) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 01/04/13	and assigned
	<del></del>	
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
PB Commercial Properties, LLC		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
79 16 19 18 18 18 18 18		
B. It amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter e address here:	the name of the nev
		Ben.
Name of New Registered Agent:		
N. B. iv. LOSS AND	· · · · · · · · · · · · · · · · · · ·	ARE OCT
New Registered Office Address:	Enter Florida street address	SS 6 6
	771 2-3 -	
-	, Florida	Zin Code

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Remove
			Add
			□ Remove
			<b>-</b>
			Remove LUAHANSS
			Add C
			Remigve Remigve
			☐ Remove

famending any other information, enter change(s) here: (Attach additi	onal sheets, if necessary.)
·	_
	·
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	de more than 90 days after
Dated October 3 2014	
Signature of a member or authorized representative	a of a member
Daniel J. Shepherd, Manager	c or a monuter
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

14 OCT -6 AM II: 39
SECRETARY OF STATE
TALL ANASSES FLORID