

L13000029046

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PICK-UP WAIT MAIL

(Business Entity Name)

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01056

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PBSHOES, 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:

PHILIP BELLINS

Name of Person

PBSHOES, LLC

Firm/Company

14788 HONEYCRISP LANE

Address

ORLANDO, FL 32837

City/State and Zip Code

CHECKMARKSTHESPOT25@YAHOO.COM

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

For further information concerning this matter, please call:

PHILIP BELLINS

Name of Person

at **407 847-6600**

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

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

CHECKMARKSTHESPOT, 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 FEBRUARY 26, 2013 and assigned Florida document number L13000029046.

This amendment is submitted to amend the following:

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

PBSHOES, LLC

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

Enter new principal offices address, if applicable:

14788 HONEYCRISP LANE

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32837

Enter new mailing address, if applicable:

14788 HONEYCRISP LANE

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32837

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

RECEIVED
11 JUL 23 11:58 AM
STATE OF FLORIDA
CORPORATION DIVISION

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.

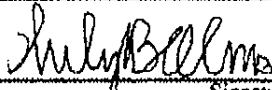
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 2 , 2014



Signature of a member or authorized representative of a member

PHILIP BELLINS

Typed or printed name of signee

STATE OF FLORIDA
14 JUN 23 PM 3:31