# 113000/55848

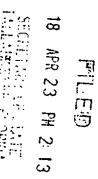
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
}		

Office Use Only



700310752977

03/22/18--01024--006 +\*25.08



O SIMMONS, APR 2.5 2018



April 5, 2018

THOMAS BARTZOKIS 2867 BANYAN BLVD CIR NW BOCA RATON, FL 33431

SUBJECT: PB CONGRESS, LLC Ref. Number: L13000155848

We have received your document for PB CONGRESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The new registered agent is already listed on your entity. Please see attached computer printout.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 318A00006940

Weins Densing



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2018

THOMAS BARTZOKIS 2867 BANYAN BLVD CIR NW BOCA RATON, FL 33431

SUBJECT: PB CONGRESS, LLC Ref. Number: L13000155848

We have received your document for PB CONGRESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 418A00005894

100

RECEIVED

118 APR -5 AM 11: 36

DEPARTMENT OF STATE

INTERNATION OF CORPORAGE TO STATE

TO STATE TO STATE

TO STATE TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

TO STATE

### **COVER LETTER**

SUBJECT:	PM CONGRES LL	Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are submit	ted for filing.		
Please return all correspond	ence concerning this matter to t	he following:		
	b <sup>éd</sup> da <i>b</i>	Dartzokii ( Name of Person		
	blo Contra	Pirm/Company		
	3567 Banyar	Address	NW _	
	Boan Ruter	TI 33 U	131	
	Speckfold E-mail address: (to b	OMSN - (OW) e used for future annual re	eport notification)	<del> </del>
For further information con	cerning this matter, please call:			
Peygra f	bard zoku erson	at ( <u>50</u> ) Area Code	り Daytime Teleph	one Number
Enclosed is a check for the	following amount: 400 0	wedy have my	chècle.	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encle		Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

PB Congres				<del></del>	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	bility Company	ears on our r	<u>recorus</u>	<u>.</u> 1	
The Articles of Organization for this Limited Liability Company w	rere filed on _	Nov.	5	8013	_ and assigned
Florida document number <u>L\3000155847</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ty company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	: designation	"LLC"	or the abbre	ation "L.L.C."
Enter new principal offices address, if applicable:				11	# TI
(Principal office address MUST BE A STREET ADDRESS)					23 17
				<u> </u>	-3-CO
Enter new mailing address, if applicable:				1 7 7 1	27
(Mailing address MAY BE A POST OFFICE BOX)			···	7	$\omega$
B. If amending the registered agent and/or registered office address here:		on our re	cords	, <u>enter th</u>	e name of the ne
Name of New Registered Agent:					
New Registered Office Address:					
	Enter F	lorida street	address		
	City		Flo	rida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,,				,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of	erformance o ovided for in	of my duti Chapter	es, and 605, F	d Lam fam S.Or. if 1	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

. 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>	Name REWOVE	Address	Type of Action
MERM	PED Really LLC	2767 Banyon Blid (wide NW	
		Mora Ratern FL 33431	∑ Remove
			Change
		·	Remove
	- New		Change
MGR	Pegny Bowtzakis	2767 Manyan Blid Wide NU	) (XAdd
		10000 British FL 33431	T 75 77
			PAdd  Remove
		·	Change
			Remove
			☐ Change
			Remove
			Change

: <del>-</del> :	<del></del>
	<del></del>
	<u> </u>
	PR PR
	23
ective date, if other than the date of filing:	(optional)
n effective date is fisted, the date must be specific and cannot be prior to date of filing ate: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after (ling.) Pursuant to $605.0207$ filling requirements, this date will not be listed as
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
ted <u>April 19</u> . 3078.	
ted	
signature of a member of authorized representation	. War

Page 3 of 3

Filing Fee: \$25.00