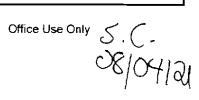
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

SUBJECT: A & B Industries, 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:	
Adm Gestrum  () Name of Person	
A&B INJUSTIES LLC Firm/Company	
138 81St AVE DE	
St Peterslowa FI 33702 Chrystate and Zip Code	
E-mail address: (to be used for turbre annual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	<b>(</b> )
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee & \Bigcup \Bigcup \\$60.00 Filing Fee & \Bigcup \Bigcup \\$60.00 Filing Fee & \Bigcup \Bigcup \\$60.00 Filing Fee & \Bigcup \Bi	

Street Address: Registration Section

**Division of Corporations** 

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAB Industries L (Name of the Limited Liability Compa	any as it now appears on our records	<del>,</del>
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02-20-20</u>	14 and assigned
Florida document number <u>L 14000029164</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	138 8154 Ave L	X€
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg FL 33700	
Enter new mailing address, if applicable:	138 81st Ave	i E
(Mailing address MAY BE A POST OFFICE BOX)	St. Hoosburg	<del></del>
	TL 33102	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
Manufic CA (LA) (A) (A) (A) (A) (A) (A) (A) (A) (A) (	•	

## 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>	Address	Type of Action
MGR	Arlam Gjestrum	138 81St Ave DE	
	•	St Retorsburg	□Remove
		FL 33702	(DChange
	·	4411 Hardley Ave N	<u>}</u> □Add
		St Petersburg	
		FL 33713	Change
AMBR	Cameron Willis	138 81st Ave DE	∕XAdd
		St Petersburg	□Remove ()
		FE 33702	_CXChange - ⊙
		4411 yardky Ave N	ر Add ات
		- 0	Remove
		FL 33713	(\tange
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fective date, if other than the date of filing: 07-01-2021 (optional)	- ;

Filing Fee: \$25.00