L14000062041

(Req	uestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	S E PBG LI	.C		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limit	ed Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Nancy Gardner Smith		
			Name of Person	
		S E PBG LLC		
			Firm/Company	
		1124 SW Bromelia Terrad	ce	
			Address	
		Stuart, FL 34997		
			City/State and Zip Code	
		jslots14@yahoo.com		
		E-mail address: (to	be used for future annual report notifical	tion)
For further i	nformation co	ncerning this matter, please cal	II:	
Nancy Gar	dner-Smith		304 615-6366	
	Name of	Person	at () Area Code Daytime To	elephone Number
Enclosed is	a check for the	e following amount:		
\$25,00 1		□ \$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

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**

S E PBG LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L14000062041	were filed on 4/16/2014	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or.	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		CORRY C
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		8: 5
		ယ်
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here. Name of New Registered Agent:		nter the name of the
Mattic of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	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 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
AMBR	Catherine Kopitnik	1108 South Wolcott Street	
		Casper, WY 82601	■ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			□ Change
			Remove
			□ Change
			☐ Change
			Add

☐ Change

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ffective date, if other than	the date of filing	June 23, 20			tional)		
an effective date is listed, the date Note: If the date inserted in the locument's effective date on the	is block does not m	eet the applicab	date of filing or mo le statutory filing	e than 90 days aft requirements, ti	er filing.) Pursua nis date will not	it to 605. be liste	.0207 :d as
e record specifies a dela The 90th day after the	yed effective d record is filed.	ate, but not	an effective ti	ne, at 12:01	a.m. on the	earlie	er of
July 23		2018					
valeu	Da.	~ /D	<u>Jardu</u> zed representative o	1 - Anit	h		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00