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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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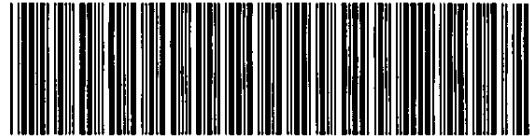
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PB Estero, 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:

Leslie Olah

Name of Person

Gualario, Licht & Andrews, PA

Firm/Company

791 10th Street S. #302

Address

Naples, FL 34102

City/State and Zip Code

olga@purebarre.com

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

For further information concerning this matter, please call:

Leslie Olah

Name of Person

at **239 262-4513**

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

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TALLAHASSEE, FLORIDA

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PB Estero, LLC

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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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jessica Stevens	2226 Imperial G.C. Blvd. Naples, FL 34110	☒ Add ☐ Remove
AMGR	Lenka Valigurska	12975 Positano Cr. #304 Naples, FL 34105	☒ Add ☐ Remove
MGR	Jessica Stevens	7755 Ionio Court Naples, FL 34114	☒ Add ☐ Remove
AMGR	Lenka Valigurska	700 Eleventh St. S. #202 Naples, FL 34102	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

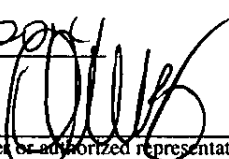
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 September, 25, 2011



Signature of a member or authorized representative of a member

Olga Metzler

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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