(Re	questor's Name)	
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COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	PBJ Pines LLC	
SOBSECT.	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Nicki Anders Name of Person	
	Name of Person	
	PBJ Pines LLC Firm/Company	
	Firm/Company	المحار يعنيس
	2505 Eagle Run Drive	SECRETARY OF PH 4: 37
	·	是 500
	Weston FL 33307_ City/State and Zip Code	19 PI
	City/State and Zip Code	# 05
	Nickik Anders @ gmail. (om E-mail address: (to be used for future annual report notification)	3
For further information con	ncerning this matter, please call:	
Nicki A	Person at (954) 612 9579 Area Code Daytime Telephone Number	
Name of P	Person Area Code Daytime Telephone Number	-
Explosed is a check for the	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Description Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy (a	Status &

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**

PBJ Pines LL	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> <u>1</u> 600020058.	were filed on $\frac{118}{30}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7 2827
Enter new mailing address, if applicable:	- mor
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	· · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	·
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter r toriau street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Chy Zip Cout

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 = A	AMBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elise Rosato	2505 Eagle Run Dove	
		2505 Eagle Run Dove Weston Fl 33327	Remove
			Change
			Add
			□ Remove
			SCOKETAN FALGEONETAN TALGEONETAN TALGEONETAN
			Change Change
		,	□ Change
		-	Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	<i>,</i> .
an effe ote:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ated _	5/14/2016.
	Signature of a member or authorized representative of a member
	Nicki Anders Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00