

Division of Corporations

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L16000074940

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP
Account Number : 120140000098
Phone : (786)372-1391
Fax Number : (786)762-2589

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sglobal.usa@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PBRR LLC**

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

17160000749403

SUBJECT: PBBR 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:

Surely Molina

Name of Person

Global Accounting and tax Professional Corp

Firm/Company

5862 West Flagler Street

Address

Miami Florida 33144

City/State and Zip Code

sglobal.usa@gmail.com

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

For further information concerning this matter, please call:

Surely Molina

Name of Person

at 305 640-5951

Area Code

Daytime Telephone Number

2016 MAR 25 P 1:54
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TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H160000 749403

PBBR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/15/2016 and assigned
Florida document number L16000052649.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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

A160000949403

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Basso Pablo A	5862 West Flagler Street	<input type="checkbox"/> Add
		Miami Florida 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giangarelli, Javier A	5862 West Flagler Street	<input checked="" type="checkbox"/> Add
		Miami Florida 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Basso Pablo A	5862 West Flagler Street	<input checked="" type="checkbox"/> Add
		Miami Florida 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Molina Surely	5862 West Flagler Street	<input checked="" type="checkbox"/> Add
		Miami Florida 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

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2016 MAR 25 P 11 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

3/24/2016

Pablo Basso

Signature of a member or authorized representative of a member

Pablo Basso

Typed or printed name of signer