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# **COVER LETTER**

Division of Corpo			
SUBJECT: PBI	Executive Name of Limit	Real Estate, ited Liability Company	LLC_
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Mich	ael J. Dean Name of Person	<del></del>
	PBI Execu	tive Real Est	ate, LLC
	1515 Perim	eter Rd. 2nd	Floor - Jet Lease
	West Palm	n Beach, FL City/State and Zip Code	<u> 33406</u>
	E-mail address: (t	to be used for future annual report notif	ication)
For further information con-	cerning this matter, please ca	all:	
Michael Name of Po	Dean	at ( <u>561</u> ) <u>262</u> - 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PBI Ex	recutive Real Es	tate
( <u>Name of the Limite</u>	d Liability Company as it now appears on o A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia		Feb. 2017 and assigned
Florida document number 170004	0101.	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
		- 111
		: w
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o	or registered office address on our	records enter the name of the nev
registered agent and/or the new registered off		records, enter the name of the nev
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	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 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

**Type of Action** <u>Title</u> Name **Address** Robert W. Prier 1515 Perimeter Rd AMBR Suite T104 West Palm Beach, FL Ochange 33406 □ Add ☐ Remove ☐ Change AMBR Dean, Michael J 1515 Perimeter Rd Sudestational WPB, FL 33406 □ Add Remove

Change □ Ađđ: \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00