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SEP 08 2018

COVER LETTER

TO: Registration Division of	n Section Corporations
PBP1 SUBJECT:	
	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	jodi ronen
	Name of Person
	JG CONSULTING SERVICES, LLC
	Firm/Company
	5481 WILES RD STE 502
	Address COCONUT CREEK, FL 33073
	City/State and Zip Code JODI@ACCU-TAX.TAX
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
JODI RONEN	754 220-8270 at (
Nar	at () ne of Person Area Code Daytime Telephone Number
Enclosed is a check fi	or the following amount:
S25,00 Filing Fee	S30,00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

PBP1, LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on lability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 03/22/1	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
m to disciplinate and quatric that	words "Limited Linhi	lity Company " the design	ation "LLC" or the abbreviation "LLC."	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		319 CLEMATIS ST	· · · · · · · · · · · · · · · · · · ·	
		STE 212	With the man	
		WEST PALM BEA	CH, FL 33401	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		319 CLEMATIS ST	्रिक्त ५	
		WEST PALM BEA	CH, FL 33401	
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address her	ffice address on ource: DPERTY MANAGEME		
Name of New Registered Agent.				
New Registered Office Address:	319 CLEMATIS ST STE 212 Enter Florida street address			
	WEST PALM BEACH		20101	
	WEST PALM	BEACH	, Florida <u>33401</u>	

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NIRA PLOTNIZKY	PO BOX 7024 YEHUD, IL 56209 IL	
			■ Remove
			_ □ Change
MGR	BARUCH GUTTMAN	319 CLEMATIS ST STE212	
		WEST PALM BEACH , FL 33401	
			Remove
			☐ Change
	<u> </u>		
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Note: If the date inse	her than the date of fi led, the date must be specific crted in this block does n date on the Department	ot meet the applicable s	of filing or more than 90 days at	otional) Her filing.) Pursuant to 605,0207 (, his date will not be listed as th
the record specific) The 90th day a	es a delayed effectiv fter the record is file	e date, but not an	effective time, at 12:01	La.m. on the earlier of:
Dated 27	* August	2018 Dr. (2)	and the of a manhar	
	Signature o	of a member or abbitorized	representative of a member	
	Baruck	Typed or printed nam	e of signee	

Page 3 of 3

Filing Fee: \$25.00