

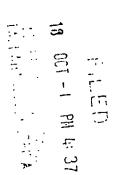
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | istration Sec ision of Corp | | | | | |
|---------------|--------------------------------|--|---|--|--|--|
| | PBVMF 21 I | | | | | |
| SUBJECT: | | Name of Limit | ed Liability Company | | | |
| The enclosed | d Articles of A | mendment and fee(s) are subn | nitted for filing. | | | |
| Please return | ı all correspon | dence concerning this matter to | o the following: | | | |
| | | AARON HOLLUB | | | | |
| | Name of Person | | | | | |
| | | PBVMF 21 LLC | | | | |
| | | | Firm/Company | | | |
| | | 10101 SOUTH DIXIE HIG | HWAY | | | |
| | | | Address | | | |
| | | PINECREST, FL 33156 | | | | |
| | | AARON@PINEBAYVENT | City/State and Zip Code URES.COM | | | |
| | | E-mail address: (0 | o be used for future annual report notific | ation) | | |
| For further i | information co | oncerning this matter, please ca | dl: | | | |
| AARON H | OLLUB | | 305 6654275 at () | | | |
| | Name of | Person | Area Code Daytime | Felephone Number | | |
| Enclosed is | a check for th | e 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

| PBVMF 21 LCC | | |
|--|---|-------------------------------|
| (<u>Name of the Ulmited Liability Con</u> (A Florida Limite | i <mark>pany as it now appears on our records</mark> ed Liability Company) | <u>r)</u> |
| The Articles of Organization for this Limited Liability Compa | ny were filed on 09/17/2018 | and assigned |
| lorida document number L18000220558 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited li | ability company here: | |
| PBVMF 21 LLC | | |
| The new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "LLC" | " or the abbreviation 1L.C.," |
| Inter new principal offices address, if applicable: | | <u> </u> |
| <u> Principal office address MUST BE A STREET ADDRESS)</u> | | |
| | | # |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | ***** | |
| | | |
| 3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h | | s, enter the name of the |
| Name of New Registered Agent: | ···· | |
| New Registered Office Address: | Enter Florida street address | s |
| | Vic | orida |
| | 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 |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| an effec | e date, if other this | date must be specif | ic and cannot be p | rrior to date of filir | ng or more than 90 | days after filing. |) Pursuant to 605,020 |
| <u>ote:</u> If | f the date inserted into a factor of the fac | in this block does | not meet the ap | plicable statutor | y filing requirem | ents, this date | will not be listed a |
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| e reco The 9 | ord specifies a o 90th day after t | delayed effecti the record is fi | ve date, but led. | not an effect | tive time, at I | l2:01 a.m. | on the earlier c |
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Typed or printed name of signee

Filing Fee: \$25.00