L19000176543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500433022775

10/10/24--01023--001 **75.00

SECRETARY OF STATE TALLAHASSEE, FL

2024 NOV 20 PM 1: 07

M



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2024

GAEL BERIRO 1340 N. US HIGHWAY 1 SUITE 102 JUPITER, FL 33469

SUBJECT: HOFFMANN PB TROLLEYS, LLC

Ref. Number: L19000176543

We have received your document for HOFFMANN PB TROLLEYS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester Regulatory Specialist II

Letter Number: 424A00023739

of Beriro

www.sunbiz.org

Dear Mr. Hester, please take note of the different name relected. Thank you.

COVER LETTER

	gistration Section vision of Corpor			ń.				
SUBJECT:		PB TROLLEYS, LLC						
Jobieci.	-	Name of Lin	nited Liability Company					
		endment and fee(s) are sub	· ·					
		GAEL BERIRO	,					
			Name of Person					
		GAEL BERIRO, P.A.						
			Firm/Company					
		1340 N. US HIGHWAY 1	, SUITE 102			8	20	
			Address			₹ <u>₩</u>	2	_
		JUPITER, FL 33469				HAT	10V 2	•
	£	gael@berirolaw.com	City/State and Zip C	ode		ECRETARY OF ST TALLAHASSEE,	2024 HOV 20 PM 1: 07	į
		E-mail address: (to be used for future and	nual report notification	n)	نى بى <u>ن</u> 13 سا		•
For further in	nformation conc	erning this matter, please c	all:			TATE	07	
Gael Beriro			561 at()	835-4611			·	
	Name of Per	rson	Area Code	Daytime Telep	phone Number	_		
Enclosed is a	a check for the fo	ollowing amount:						
≡ \$ 25.00 i		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	y	\$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &		
	iling Address:	ion		t Address:				

Registration Section
Division of Corporations
P.O. Box 6327

Taliahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOFFMANN PB TROLLEYS, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Compar Florida document number L19000176543	ny were filed on 07/18/2019	and assigned
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PALM BEACHTROLLEYS LLC- MOLLEY'S 7	rollers LLC	
The new name must be distinguishable and contain the words "Limited Lin	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		7 C 24
		2024 NOV
		20 AHA
Enter new mailing address, if applicable:		AS O
(Mailing address MAY BE A POST OFFICE BOX)		
Induling undress may be a rost office box		<u> </u>
		<u>FA0</u>
		m
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	was not het terett CTC	•
	, Flo	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>	Name	Address	Type of Action
			DAdd
			□Rcmove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			2024 HOV 20 SEERETARY SALLASIA
			DV 20 PH 1: 08
			□Add
			□Remove
			□Change
<u>.</u>			🗆 Add
			□Remove
			□Change
<u> </u>			□ Add
			□Remove
			Change

D. 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		_
		-
		-
		-
		•
		-
		-
		202
	ALL	2024 HOV
	AHA HA	5 1
	S C C C C C C C C C C C C C C C C C C C	PR
	E STA	1: 08
	m m	. ω
(It an e <u>Note:</u>	tive date, if other than the date of filing: (optional) flective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	.0207 (3)(b) ed as the
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	the
Dated	November 5, 2024	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00