

L19000176553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

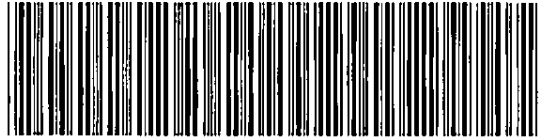
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2024

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

SUBJECT: HOFFMANN PBTT, LLC
Ref. Number: L19000176553

We have received your document for HOFFMANN PBTT, 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 or 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: 024A00023740

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TALLAHASSEE, FL
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PALM BEACH TOURS AND TRANSPORTATION INC.
800 23RD Street, West Palm Beach, FL 33407

Tel: 561.655.5515

November 4, 2024

Division of Corporations
Attn: Regulatory Specialist II – Kiora Hester
P.O. Box 6327
Tallahassee, FL 32314

RE: Letter Number 024A00023740
Ref. Number L19000176553

Dear Ms. Hester:

The enclosed Articles of Amendment to Articles of Organization to change the name of **Hoffmann PBTT, LLC** to the name **Palm Beach Tours and Transportation LLC** was rejected because the name was not distinguishable from an existing name. Following communication with the Division of Corporation, I was informed that it is possible to authorize the use of the same name if I am also the owner of the entity with the same name.

I am the President of Palm Beach Tours and Transportation, Inc., document number P23000073657, with EIN 65-0915283. I am also the Manager of Hoffmann PBTT, LLC (document number L19000176553) with EIN 84-2824156.

I hereby authorize the use of the name "**Palm Beach Tours and Transportation LLC**" by **Hoffmann PBTT, LLC** so that it may change its name in accordance with the submitted Articles of Amendment to Articles of Organization.

Thank you for your prompt attention to this request.

Palm Beach Tours and Transportation, Inc.

By: 

John W. Critchett
President

Enc.

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TALLAHASSEE, FL

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Kiora Hester
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOFFMANN PBTT, 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:

GAEL BERIRO

Name of Person

GAEL BERIRO, P.A.

Firm/Company

1340 N. US HIGHWAY 1, SUITE 102

Address

JUPITER, FL 33469

City/State and Zip Code

gael@berirolaw.com

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

For further information concerning this matter, please call:

Gael Beriro

at (561) 835-4611

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

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TALLAHASSEE, FL

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

HOFFMANN PBTT, 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 07/18/2019 and assigned
Florida document number L19000176553.

This amendment is submitted to amend the following:

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

PALM BEACH TOURS AND TRANSPORTATION LLC

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

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

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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>	<u>Type of Action</u>
_____	_____	_____	<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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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

1000

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 November 5, 2024,

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL

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