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## **COVER LETTER**

Registration Section Division of Corporations

TO:

PBTF, LLC SUBJECT:	:			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Paul Beattic			
		Name of Person		
	PBTT, LLC			
		Firm/Company		
	857 SE 47th St			
		Address		
	Cape Coral, FL 33904			
		City/State and Zip Code		
	finance@beattiedev.com			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Lindsey Skaf		239 257-3295 at ()		
Name o	l'Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	s:	Street Address:		
Registration 5	Section	Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
P.O. Box 6527 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000012893</u> .	were filed on $\frac{1/6/2020}{}$	and assigned
Plorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ny 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)		
		-: -: N
		, O
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		28
		<b>5.</b> 5 フ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, j	enter the name of the new registered
		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	s op	244 3424

PBTF, LLC

Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Fliss	2866 SW 26th PI	
		Cape Coral, FL 33914	□Remove
MGR	Thomas Fliss	2866 SW 26th PI	🗀 Add
		Cape Coral, FL 33914	□Remove
			■ Change
		<u> </u>	Remove
			- Add
			□Remove
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	ust be specific and cannot be prior to date of filing o block does not meet the applicable statutory f		
cord specifies a delayed effecti s filed.	ive date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90	ith day after th
	2020		
ed			
ed January 7	Signature of a member or authorized representa	utive of a member	