

L20 000 127499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

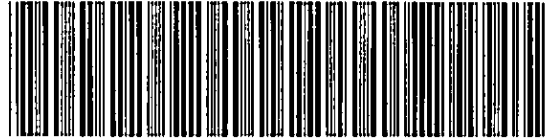
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2021 SEP 23 PM 8:58
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PB DELRAY, 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:

JOSEPH COAKLEY

Name of Person

P B Delray LLC

Firm/Company

3610 S OCEAN BLVD, APT 311

Address

SOUTH PALM BEACH, FL 33480

City/State and Zip Code

JOESFRONTROW@AOL.COM

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

For further information concerning this matter, please call:

JOSEPH COAKLEY

828 387-1666
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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**

FILED

2021 SEP 23 PM 8: 58

PB DELRAY, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL 323

The Articles of Organization for this Limited Liability Company were filed on MAY 11, 2020 and assigned
Florida document number 1.20000127499.

This amendment is submitted to amend the following:

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

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:

3610 S OCEAN BLVD APT 311

(Principal office address MUST BE A STREET ADDRESS)

SOUTH PALM BEACH FLORIDA 33480

Enter new mailing address, if applicable:

3610 S OCEAN BLVD APT 311

(Mailing address MAY BE A POST OFFICE BOX)

SOUTH PALM BEACH FLORIDA 33480

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:

JOSEPH COAKLEY

New Registered Office Address:

3610 S OCEAN BLVD APT 311

Enter Florida street address

SOUTH PALM BEACH

City

Florida 33480

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>	<u>Address</u>	<u>Type of Action</u>
P	ZBIGNIEW PISKADLO	10760 HAYDN DR, BOCA RATON FL 33498	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSEPH COAKLEY	3610 S OCEAN BLVD APT 311	<input type="checkbox"/> Add
		SOUTH PALM BEACH FL 33480	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	ROBERT PISKADLO		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE UPDATE ADDRESS OF LLC TO: 3610 S OCEAN BLVD APT 311,

SOUTH PALM BEACH, FLORIDA 33480

NEW REGISTERED AGENT: JOSEPH COAKLEY, 3610 S OCEAN BLVD APT 311, SOUTH PALM BEA

NEW PERSON SOLELY AUTHORIZED TO MANAGE LLC: JOSEPH COAKLEY

PLEASE REMOVE: ZBIGNIEW PISKADLO AND ROBERT PISKADLO ENTIRELY FROM LLC

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 filing 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 date of filing or (c) The date of filing.

Effective Date: 17 SEPTEMBER 2021


Signature of a member or authorized representative of a member

ZBIGNIEW PISKADLO

Typed or printed name of signer

Filing Fee: \$25.00