## L20000205044

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
Certified Copies	Certificates	

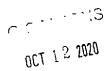
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## **COVER LETTER**

FO: Registration Section Division of Corporations
SUBJECT: PB N J CUSTOMS 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:
Name of Person
PBNJ CUSTONS LLC Firm/Company
10516 NW 2ND AVR Address
Ulami FL 33150 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$60.00 Filing Fee \$\B
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRNJ CUSTU	NS 11		1939 A.M. 20 711	7: 50
(Name of the Limited		as it now appear bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liab		ere filed on <u>C</u>	1/15/2020	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabili	ty company he	<u>ere</u> :	
Enter new principal offices address, if applicable of the application				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	dress on our r	ecords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:  New Registered Office Address:	Nathan 10576	Cayu Nivi 2	NO Ave	
	Mian	Enter Flo  City	rida street address, Florida	33150 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 Edition 29 11 7:50 Address Type of Action Title Name 10516 NW 2ND AVE DAdd (JEC) Wathan Cayo Mami, \$ 33150 PRemove (Change ) / Benove Change 10516 NW 2nd Ave BAdd Nathan Cayo MGR Micimi, FL, 33150 Remove (I would like to change title of (EC) to MGP) (EC) □Remove \_\_\_\_\_\_ Change \_\_\_\_\_Remove □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_ □Remove 

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tive date, if ot fective date is list If the date insement's effective	erted in this	s block does n	ot meet the ap	plicable statut	iling or more ory filing re	than 90 day equiremen	(optional) is after filing.) ts, this date v	Pursuant to 605 will not be list
ord specifies a de iled.	elayed effe	ctive date, but	not an effective	ve time, at 12:	01 a.m. on	the earlier	of: (b) The	2 90th day afte
1 <u>Augus</u>	»t 2	<u>-4</u>	202	<u>20</u> .				
		West	£	Can				
		Signature	of a member or a	authorized repre	sentative of	a member		

Filing Fee: \$25.00