Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000304343 3)))



H200003043433ABC1

T., .		ESH/RELOAD button on your browser from this powill generate another cover sheet.
To:	Division of Cor	
	Fax Number	
From:		
	Account Name	: FRANK, WEINBERG, BLACK, P.L.
	Account Number	: I20040000083
	Phone	
	Fax Number	
*Enter	the email address	for this business entity to be used for futur

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S TALLENT PBH20 SOLUTIONS, LLC SEP 0.3 2220

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

#### H200003043433

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

PBH20 SOLUTIONS, LLC	
(Name of the Limited Liability Company as It now a (A Florida Limited Liability Comp	opears on pur records.)
The Articles of Organization for this Limited Liability Company were filed or	
Florida document number L2000018533	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y bere:
The new name must be distinguishable and contain the words "Limited Liability Company,"	he designation if I CO
Enter new principal offices address, if applicable:	ne designation 'LLC" or the aboreviation "LLC."
(Principal office address MUST BE A STREET ADDRESS)	ZNSE
Enter new mailing address, if applicable:	PH
(Mailing address MAY BE A POST OFFICE BOX)	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	<del></del>
Enter J	lorida street address
	, Florida
City	7:= C- J-

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 Parises 1	
it Countying Registered Agent, Si	gnature of New Registered Agent

Zip Code

### H200003043433

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

Title	<u>Name</u>	Address	Type of Action
MGR	Craig A. Tanner	500 NW 118th Way	□Add
		Coral Springs, FL 33071	■Remove
			Change
MGR	Isaac D. Abolalfia	7065 NW 127th Way	
		Parkland, FL 33076	■Remove
			© Change
MGR	Lisa M. Tanner	500 NW 118th Way	
		Coral Springs, FL 33071	≅Remove
			□Change
AMBR	Craig A. Tanner	500 NW 118th Way	
		Coral Springs, FL 33071	
,			□Change
AMBR	Isaac D. Abolaifia	7065 NW 127th Way	———— ■Add
		Parkland, FL 33076	□Remove
			□Change
MBR	Lisa M. Tanner	500 NW 118th Way	₩Add
		Coral Springs, FL 33071	□ Remove
	<del></del>	·	□~

## H200003043433

		information, enter change(s) here: (Attach additional sheets, if necessary.)	
-			
-			
~	·		<del></del> -
_			
-	<del>-</del>		<del></del>
_			<del></del> -
_			<del>-</del>
_			_
_			_
Effective (If to effect Note: If document	e date, if other then tive date is bissed, the date the date inserted in thi t's effective date on th	n the date of filing:  te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	605.0207 (3)(1 listed as the
the record stord is filled.	pecifies a delayed effor	ective date, but not an offective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
Dated	8/31	. <u>2020</u>	
		ma Tarres	
		Signature of a member or authorized representative of a member	
	Liss M. Tenner		

Filing Fee: \$25.00