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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : 120040000083 : (954)474-8000 Phone : (954)474-9850 Fax Number

RIVE SEP (5 ---

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PBH2O SOLUTIONS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20208 -3 PH 1:55

PBH20 SOLUTIONS, LLC

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

	nad
The Articles of Organization for this Limited Liability Company were filed on 07/24/2020 and assign	пеа
Florida document number L20000218533	
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:	
(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 r	
by at anionamic and to house the man of the	CHIMELEC
agent and/or the new registered office address here:	registered
agent and/or the new registered office address here:	registered
Name of New Registered Agent:	egistered
Name of New Registered Agent: New Registered Office Address:	
Name of New Registered Agent:	egistered
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	egistered
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code	
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:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	with the
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Tip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents	with the and ent is
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	with the and ent is
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	with the and ent is
New Registered Office Address: Enter Florida street address	with the and ent is
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	with the and ent is

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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>	Name	Address	Type of Action
MGR	Lynn Abolafia	7065 NW 127th Way	□Add
		Parkland, FL 33076	■Remove
			□ Change
AMBR	Lynn Abolafia	7065 NW 127th Way	\■ Add
		Parkland, FL 33076	□Remove
			□ Change
			□Change
			Add
			Change
			□Remove
			Change
			□Add
			□Rетоvв
			Change

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Effective of the Material Indiana Indi	ve date, if other than scrive date is listed, the date if the date inserted in th ent's effective date on th	the date o must be spec is block doe he Departme	f filing: _ ific and can a not meet int of State	unor be prior to t the applica e's records.	o date of filing ble statutory	or more that filing requ	0ption 90 days after frements, this	onal) filing.) Pursua s date will not	nt to 605.0207 t be listed as
e record ed is file	i specifies a delayed effe ed.	ective date, t	out not an	effective tin	ne, et 12:01 :	a.m. on the	earlier of: (b) The 90th d	ay after the
Dated _	8/31			9020 NIA	_·				
	9	ma.	$\mathcal{I} \mathcal{M} $	<u>, (</u>	/				
		Signatur	c of a mem	ber or author	ized represent	ative of a me	mber		·
	Lisa M. Tenner								

Filing Fee: \$25.00