

L20000273237

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: P & B INTERNATIONAL FINANCEAL CORP, 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:

PAUL SILVERA ANDRSON

\_\_\_\_\_  
Name of Person

P & B INTERNATIONAL FINANCEAL CORP, LLC

\_\_\_\_\_  
Firm/Company

1028 KNOWLLWOOD COURT

\_\_\_\_\_  
Address

WINTER SPRINGS FL 32708

\_\_\_\_\_  
City/State and Zip Code

P.SILVER.ANDERSON@GMAIL.COM

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

For further information concerning this matter, please call:

PAUL SILVERA ANDRSON

407 473-9822  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## P &amp; B INTERNATIONAL FINANCIAL CORP. LLC

The Articles of Organization for this Limited Liability Company were filed on 09/01/2020 and assigned Florida document number L20000273237

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

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

Civ

*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>
MGR	BUCKNER, MELISSA S	4214 OKAKBERRY DRIVE	<input type="checkbox"/> Add
		ORLANDO	<input checked="" type="checkbox"/> Remove
		FL 32817	<input type="checkbox"/> Change
MGR	ANDERSON, MEGAN S	1028 KNOLL WOOD COURT	<input type="checkbox"/> Add
		WINTER SPRINGS	<input checked="" type="checkbox"/> Remove
		FL 32708	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


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**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.

Dated December 01, 2020

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**