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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer	

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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: PXB Caribe

Requester: Corp Services

COVER LETTER

TO: Registration S Division of Co			
PXB CAR	IBE LLC		
SUBJECT:	Name of Lin	nited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	·
Please return all correspondent	ondence concerning this matter	to the following:	
	CARLA MARCELO		
	, <u></u>	Name of Person	
	CORP SVCS INTL		
		Firm/Company	
	7050 W PALMETTO PAI	RK ROAD	
		Address	, ,
	BOCA RATON FL 33433	3	
		City/State and Zip Code	
	OPERATIONS@CORSVC		
For further information of	t-mail address: (concerning this matter, please c	(to be used for future annual report n	otification)
CARLA MARCELO	, France C	561 403 9084	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he 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	Street Address: Registration S	Section
Division of C P.O. Box 632	•	Division of C The Centre of	•
Tallahassee,	_		roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PXB CARIBE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2020}{1}$ and assigned Florida document number L20000334467 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 "LLC." 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 , Florida

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.

City

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>	Name	<u>Address</u>	Type of Action
MGR	WALTER J FRANCO VALDIVIA	19212 DINNER KEY DRIVE	= Add
		BOCA RATON FL 33498	□Remove
			Change
MGR	LOPEZ CARRETO, PEDRO	2655 S LE JEUNE ROAD. STE 905.	□Add
		CORAL GABLES FL 33134	
			Remove
		Add 177	
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Tective date, if other than the on effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Department's	k does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605 iling requirements, this date will not be liste	.020 ed a
ecord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day after	the
NOVEMBER 19	2020		
ed NOVEMBER 19	·		
\mathcal{I}	ignature of a member or authorized representat	tive of a member	

Filing Fee: \$25.00