L20000340101

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	· #)
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(Do	ocument Number)	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C						
	wls Davie LLC					
SUBJECT:	Name of Lim	ited Liability Company		-		
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	Ricardo Arguello					
		Name of Person				
		Firm/Company		_		
	1711 NE 56th Court			aria Co	202	
		Address		\ CRE	J[[-
	Fort Lauderdale, FL 33334	ļ		TAR AHV	L 19	54
	playabowlsdavie@gmail.co	City/State and Zip Code		RY OF S	2021 JUL 19 PM 2: 09	
For further information	E-mail address: (n concerning this matter, please ca	to be used for future annual report not all:	fication)	- PAE	2: 09	
Alexandra Arguello		786 400-6147				
Name	e of Person	Area Code Daytim	ne Telephone Num	her	_	
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Forces Figure 19 Filing Forces Figure 19 Figure 1	tatus &	
Mailing Adda Registration		Street Address: Registration Se	ction			
Division of	Corporations	Division of Cor	rporations			
P.O. Box 63	327	The Centre of T	l'allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000340101</u>	were filed on 11/04/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PB Davie LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r 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:		ZI JUL 19 ZI JUL 19 ECRETAR
Mailing address MAY BE A POST OFFICE BOX)		SSO P M
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	E name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	City	Zin Code

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>	Address	Type of Action
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ective date, if other than the effective date is listed, the date muter. If the date inserted in this beament's effective date on the E	e date of filing: st be specific and canno lock does not meet th	ie applicable st	of filing or more th atutory filing req	(opti an 90 days after uirements, thi	filing.) Pu	rsuant to I not be	605.020 listed a:
cord specifies a delayed effection	/e date, but not an eff	fective time, at	12:01 a.m. on the	e earlier of: (t) The 9	Oth day	after the
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Filing Fee: \$25.00