## KZ1 000042105

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22 MAY 16 PH 2: 45

T. MATTHEWS JUL 14 2022

PBO INVESTMENTS, LLC SUBJECT: 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: JODI RONEN Name of Person JG CONSULTING SERVICES, LLC Firm/Company 5481 WILES RD STE 502 Address COCONUT CREEK, FL 33073 City/State and Zip Code JODI@ACCU-TAX.TAX E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JODI RONEN Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** 

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FILED OF SECRETARY OF STATE DIVISION OF CORPORATIONS

PBO INVESTMENTS, LLC

22 MAY 16 PM 2: 45

(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 L		2021 and assig
Florida document number L21000042105	·	
This amendment is submitted to amend the foll		
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the w	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our recor	ds, enter the name of the new ro
agent and of the new registered write address	SA RETE.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s.	treet address
		Florida
	City	, 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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
MGR	SHAY CONSULTING, LLC	301 YAMATO RD STE 3198	<b>\</b> Add
		BOCA RATON, FL 33433	Πn
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MGR IDO CONSULTING, INC	IDO CONSULTING. INC	301 YAMATO RD STE 3198	\ \exists Add
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
Dated .	05/11 2022
	Signature of a member or authorized representative of a member
	EFGRAIM DAVIDI
	Typed or printed name of signce