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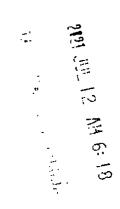
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Registration Section

| Division of Cor | porations | | |
|--------------------------------|---|---|--|
| PBA LLEC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | | | |
| riease return an correspo | ondence concerning this matter | to the following. | |
| | JASON WAYNE | | |
| | | Name of Person | |
| | PBA LLLC | | |
| | | Firm/Company | 1. 12.1 |
| | 958 NEWCASTLE CIR#. | 200 | |
| | | Address | |
| | LAKE MARY FL 32746 | | |
| | | City/State and Zip Code | |
| | JLWAYNE4@GMAHCO E-mail address: (| M to be used for future annual report no | tification) |
| For further information c | oncerning this matter, please c | | |
| JASON WAYNE | | 813 393-9320 | |
| Name o | f Person | at () Area Code Daytii | ne Telephone Number |
| | | | |
| Enclosed is a check for th | ne 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
| Division of C | orporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, l | | The Centre of 2415 N. Monre | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PBATLLC. | | . |
|---|---|--------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) (Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number L21000082801 | y were filed on 2/18/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here; | |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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: | | . 29 . 49 |
| (Mailing address MAY BE A POST OFFICE BOX) | | [] |
| | | 12 |
| | | 3 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the m | ame of the new registere |
| agent and/or the new registered office address here: | | |
| 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 | <u>::</u> | |

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 amonding 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 |
|--------------|----------------|-------------------------|---------------------|
| AMBR | KEVIN WEISBERG | 205 STRATFORD DR | ■Add |
| | | WINTER SPRINGS FL 32708 | □Remove |
| | | | Change |
| | | | □Add |
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| Signature of a member or authorized representative of a member | | , | |
| Signature of a member or authorized representative of a member | | | |
| | | Signature of a member or authorized representative | of a member |