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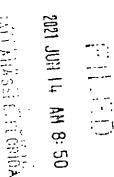
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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

SUBJECT: PB&J Properties Name of Limited Li	iability Company	
The enclosed Articles of Amendment and fee(s) are submitted	I for filing.	
Please return all correspondence concerning this matter to the	following:	
Jerard Rus	SSO Name of Person	
Good News	Accounting Firm/Company	
4751 Sabalk	Address	
	y/State and Zip Code	
E-mail address: (to be	ngil. Com  used for future annual report notification)	
For further information concerning this matter, please call:		
<u> </u>	0.00	
Jerard Russo	_at ( 941 ) 462-0471 Area Code Daytime Telephone Number	<del></del>
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)  \$60.00 Filing Certificate of Certified Copy  (additional copy is enclosed)	f Status & py
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	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PB&J Properties L (Name of the Limited Liability Compan	-LC
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L21000144310}{L200144310}$ .	were filed on March 29, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\(\frac{1}{2} \)
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	# 8: 5 5
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
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:

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 8286 Welda Trail	Type of Action
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ffective date, if other the an effective date is listed, the Sote: If the date inserted in locument's effective date (	date must be specif n this block does	ic and cannot be not meet the a	ipplicable sta	of filing or more	than 90 days a	otional) fter filing.) Pu this date will	rsuant to 60 I not be lis	)5.020' sted as
record specifies a delayed d is filed.	effective date, bu	it not an effec	tive time, at	2:01 a.m. on	the earlier of:	(b) The 90	th day aft	er the
1	1)	21	<u> </u>					
June Jen Jen								

Filing Fee: \$25.00