L21000353108

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SECRETARY OF SHORE

COVER LETTER

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TO:

TO: Registration S Division of Co			
OF LEVERS COM	E ESTATE GROUP, LLC	•	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FRANCES A MARTIN		
		Name of Person	
	PBC REAL ESTATE GRO	OUP, LLC	
	_	Firm/Company	
	P.O. BOX 14935		
		Address	
	NORTH PALM BEACH,	FL 33408	
		City/State and Zip Code	
	mart4669@gmail.com	to be used for future annual report noti	fication)
For further information o	concerning this matter, please c	·	incariony
FRANCES A MARTIN		561 201-3403	
Name of Person			e 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 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PBC REAL ESTATE GROUP, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our recount TARY OF STARY OF STARY OF STARY

The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{08/05/2}{}$	021 and assigned	
Florida document number L21000353108				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
		N/A		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>	-		
B. If amending the registered agent and/or agent and/or the new registered office address.	7	address on our recor	ds, enter the name of the new registere	
Name of New Registered Agent:	CHRISTOPHER J RYAN, ESQ			
New Registered Office Address:	1860 FOREST	HILL BLVD, STE 105	:	
Hew Registered Street Hadren.	Enter Florida street address			
	WEST PALM BEACH		Florida ³³⁴⁰⁶ Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my	duties, and I am familiar with and	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
MGR	FRANCES A MARTIN	176 SEASHORE DR	= Add
		JUPITER, FL 33477-9617	□Remove
			□ Change
MGR	ERNEST D MOLLO	9777 DOGWOOD AVE	□Add
		PALM BEACH GARDENS, FL 33410	= Remove
			□ Change
	- -		🗆 Add
			□Remove
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			08/05/2	021				
effective <u>te:</u> If the	ate, if other that date is listed, the date inserted in effective date on	ate must be specific this block does r	Hing: c and cannot be p not meet the ap	prior to date of ti plicable statut	iling or more than ory filing requi	(optiona 90 days after fili rements, this da	ng.) Pursuant to 605	5.0201 ed as
cord spe s filed.	cifies a delayed e	ffective date, but	t not an effecti	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day afte	r the
SEPT	TEMBER 9		2021					
	1				A .			

Typed or printed name of signee