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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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A. BUTLER
JAN - 8 2022

COVER LETTER

то:	Registration Se Division of Cor			
	PBP Real E	Estate, LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Joe Grant, Esquire		
			Name of Person	
		Lorium PLLC		
			Firm/Company	
		197 South Federal Highwa	ay, Suite 200	
			Address	
		Boca Raton, FL 33432		
			City/State and Zip Code	
		jgrant@loriumlaw.com		
r., e.,	har information o	E-mail address: (oncerning this matter, please c	to be used for future annual report n	odification)
		oncerning this matter, piease e		
Joe Gra	int, Esquire		561 361-1000 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclose	d is a check for t	ne following amount:		
≡ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon	Section Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PBP Real Estate, LLC (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 Liability Company were filed on 12/08/2021 Florida document number _____L21000519156 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
MGR	GIA FREER	700 NW 7TH DRIVE	
		BOCA RATON, FL 33486	□Remove
			Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□ Remove
			Change
		<u> </u>	□ Add
			□ Remove
			Change

If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
	
	~
Note: If the date	if other than the date of filing:
he record specifies ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 15 . 2021
	Signature of a member broauthorized representative of a member
CDAS	NT FREER
——————————————————————————————————————	Typed or printed name of signee

Filing Fee: \$25.00