

L22000249669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

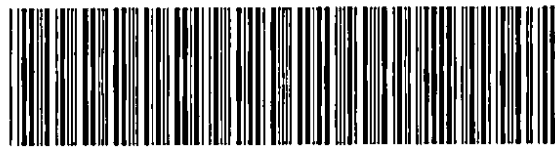
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2023 MAY 22 PM 1:14

S. FRANKLIN

JUL 17 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SBBP LLC  
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:

JON B. COATS, JR., ESQ.  
Name of Person  
COATS SCHMIDT, P.A.  
Firm/Company  
4055 CENTRAL AVENUE  
Address  
ST. PETERSBURG, FLORIDA 33713  
City/State and Zip Code  
JON@COATS-SCHMIDT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON B. COATS, JR. 727 456-4462  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Louis D. Miele	66 Mail Parkway	<input checked="" type="checkbox"/> Add
		Muncy, PA 17756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicole Miele	66 Mail Parkway	<input checked="" type="checkbox"/> Add
		Muncy, PA 17756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PBBSPF, Inc.	1699 South Federal Highway, Suite 300	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Donald M. Allison	1699 S. Federal Highway, Suite 300	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023/11/11 22:11

2023年11月22日 11:14

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 11 2023

Signature of a member or authorized representative of a member

Louis D. Miele

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Typed or printed name of signer

**Filing Fee: \$25.00**