L23000000 6411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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R. HUNT
08/18/23

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: $25.00

Authorization Signature: _____

PRESSURE BINS LLC L23000006411

BUSINESS NAME DOCUMENT #

__Certified Copy

__Certificate of Status

NEW FILINGS

____Profit Corp

____Not for Profit

____Limited Liability

____Domestication

____LLLP

____CORP

____Other

____Other

AMMENDMENTS

__Amendment

__Resignation of R.A. Officer/Director

__Change of Registered Agent

__Revocation of Dissolution

__Merger

__Articles of Conversion

__Restated Articles of Incorporation

_X_Statement of Authority

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OTHER FILINGS

__Apostille

__Country

__Annual Report

__Fictitious Name

REGISTERATION/QUALIFICATIONS

__Foreign filing

__Reinstatement

__Qualification

__Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

Pressure Bins LLC

SUBJECT: _____
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:

Christopher Nougues
Name of Person

Pressure Bins LLC
Firm/Company

34 Broadway Cir
Address

Fort Myers/ Florida 33901
City/State and Zip Code

pressurebinssw fl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Nougues at (239) 239 603-3052
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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)

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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

Pressure Bins

(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 01/01/2023 and assigned Florida document number L23000006411.

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: Christopher Nougues

New Registered Office Address: 34 Broadway Cir
Enter Florida street address

Fort Myers, Florida 33901
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

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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

Title	Name	Address	Type of Action
AP	Jonsons Fenelon	3032 Calvin Blvd, Fort Myers FL33901	☐Add
			☒Remove
			☐Change
MGR	Christopher Nougues	34 Broadway Cir, Fort Myers FL33901	☒Add
			☐Remove
			☐Change
			☐Add
			☐Remove
		13160 Bella Casa Cir, Fort Myers FL33901	☒Change
MGR	Carson Esposito		☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

E. **Effective date, if other than the date of filing:** _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____ . _____ .

Chris Nogues
Signature of a member or authorized representative of a member

Christopher Nougues
Typed or printed name of signee

Filing Fee: $25.00

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