## L24000152999

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(City/State/Zip/Phone #)	
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(Business Entity Name)	
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## **COVER LETTER**

Division of Cor			
PBM BUIL	DERS, LLC	•	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS M ALONSO		
		Name of Person	
	PBM BUILDERS, LLC		
		Firm/Company	<del></del>
	4407 VINELAND RD, DI	2	
		Address	<del></del>
	ORLANDO, FL 32811		
		City/State and Zip Code	<del></del>
	pbmbuildersllc@gma	il.com to be used for future annual report notification)	<del></del>
For further information c	oncerning this matter, please c		
LUIS M ALONSO		407	
Name o	f Person	at (407) 388-5397 Area Code Daytime Telephone No	ımber
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section	
Division of Corporations		Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PBM BUILDERS, 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 3/29/2024 \_\_\_\_\_ and assigned Florida document number L24000152989 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address \_. Florida \_\_\_\_ City

## 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 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	LUIS M ALONSO	4407 VINELAND RD, D12	<b>=</b> Add
		ORLANDO, FL 32811	□ Remove
			□Add
		<u> </u>	□Remove
			□Change
			□Add
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			□ Change
			Remove
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<del></del>	<u>.                                    </u>		□ Add
			□Remove
			□Change

	N/A
Effec	tive date, if other than the date of filing:
(If an e	ffective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
he reco	ord 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
cord is f	īled.
	MAY IST 2024
	1 MAY IST 2024
Dated	
Dated	N May 1 DA
Dated	Signature of a member or authorized representative of a member
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00