Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000215813 3)))



H240002158133ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

1.5

1227

-- 15.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : I20090000078 : (561)515-4722 Phone

Fax Number : (561)515-3904

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PBK ASSOCIATES 3400, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

JUN 2 4 2024

: :

TO:

Registration Section

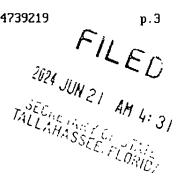
#240002158133

COVER LETTER

Division of Co	rporations		
PBK ASS	OCIATES 3400, LLC		
SUBJECT:	Name of Lin	nited Liability Company	**************************************
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	PAUL A. KRASKER, ES	Q.	
	***************************************	Name of Person	
	THE LAW OFFICE OF P	AUL A. KRASKER, P.A.	
·		Firm/Company	
•	1615 FORUM PLACE 5T	HFLOOR	
		Address	
	WEST PALM BEACH, F	LORIDA 33401	
* .::		City/State and Zip Code	
: <u>:::</u>	AMURPHY@KRASKERI		
•	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please o	sil:	
ANDREA MURPHY S	NOWDEN	561 515-4722	
Name o	n' Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he following amount:		
≘ \$25.00 Filing Fee	S30.00 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 Co. Box 632 Tallahassec.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

H240002158133

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PBK ASSOCIATES 3400, LLC (A Florida Limited Liability Company as It now appears on our records.) 21 ** B44 The Articles of Organization for this Limited Liability Company were filed on MAY 28, 2024 ____ and assigned Florida document number _____L24000231784 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 "LLC" 3400 S OCEAN BLVD APT 5C II Enter new principal offices address, if applicable: PALM BEACH, FLORIDA 33480 (Principal office address MUST BE A STREET ADDRESS) 3400 S OCEAN BLVD APT 5C II Enter new mailing address, if applicable: PALM BEACH, FLORIDA 33480 (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:

dit.

i •

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

H240002158133

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>T</u>	<u>itle</u>		Name	Address	Type of Action
M	fGR		CHRISTINA KAMEL	3400 S OCEAN BLVD APT 5C H	CAdd
				PALM BEACH, FLORIDA 33480	□Кеточе
					Change
M	fgr	·.	ALEXANDER KAMEL	3400 S OCEAN BLVD APT 5C II	□∧dd
				PALM BEACH, FLORIDA 33480	BRemove
					■ Change
_					OAdd
		n,			□Remova
:					CChange
		Ł.			TO AND SEE
					GRemove
_					Dehange F: 3
			· · · · · · · · · · · · · · · · · · ·		□Remove
	1 -	. ni			Change
:	· · · · · · · · · · · · · · · · · · ·				DAdd
fug		1.,			∐Remove
					□Change

HZ40002158133

. . . .

H240002158133

	700
1001	ctive date, if other than the date of filing: cffective 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) in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
the rec	cord 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 filed.
Date	JUNE 21, 2024 d
	-C
	Signature of a member or authorized representative of a member

Filing Fec: \$25.00

HOUMMOISSIRR