## 

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
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|   |
|   |
| J. Dennis                               |
| 11/20/2024                              |
| • • • • •                               |





## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** PB South Construction 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| ARII  | CLE2 OF OR                                   | (GANIZA H                         | ON                   |                           |
|---|--|-----------------------------------|----------------------|---------------------------|
|   | OF   | •                                 | 2024 1/2             | 70 PM 12:01               |
| `   |  |                                   | -9800                | 120 SC                    |
| PB South Construction LLC                               |  |                                   | 11/18/2              | 3 PA/3                    |
| ( <u>Name of the Limite</u> )                           | d Liability Company<br>A Florida Limited Lia | as it now appears oblity Company) | on our records.)     | 1000 CO1                  |
|   |  |                                   | •                    |                           |
| The Articles of Organization for this Limited Lia       | bility Company w                             | ere filed on Nove                 | ember 1, 2024        | and assigned              |
| Florida document number L24000462350                    | ·  |                                   |                      |                           |
|   |  |                                   |                      |                           |
| This amendment is submitted to amend the follow         | wing:  |                                   |                      |                           |
| A. If amending name, enter the new name of              | the limited liabili                          | ty company here                   | <b>:</b> :           |                           |
|   |  |                                   |                      |                           |
| The new name must be distinguishable and contain the wo | ords "Limited Liability                      | v Company." the desi              | gnation "LLC" or the | abbreviation "L.L.C."     |
| ·   |  |                                   | 3                    |                           |
| Enter new principal offices address, if applica         | ble:   | <del>_</del>                      | <del></del>          |                           |
| (Principal office address MUST BE A STREET              | "ADDRESS)                                    |                                   | <del></del>          |                           |
|   |  |                                   |                      | <del>_</del>              |
|   |  |                                   |                      |                           |
| Enter new mailing address, if applicable:               |  |                                   |                      |                           |
| (Mailing address MAY BE A POST OFFICE B                 | ROY)   |                                   |                      |                           |
| (maining dudress MAT BEATOST OF FREE B                  | <u></u>                                      |                                   |                      | <del>.</del>              |
|   |  |                                   |                      |                           |
| B. If amending the registered agent and/or re           | aistored office ad                           | dress on our rec                  | arde onter the na    | me of the new registers:  |
| agent and/or the new registered office address          |  | diess on our rec                  | ords, there he ha    | me of the new regional ex |
|   |  |                                   |                      |                           |
| Name of New Registered Agent:                           |  |                                   |                      |                           |
| Name of New Registered Agent.                           |  |                                   |                      |                           |
| New Registered Office Address:                          |  |                                   |                      |                           |
|   |  | t.nter Plorid                     | a street address     |                           |
|   |  |                                   | , Florida _          |                           |
|   |  | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>      | <u>Name</u>   | Address                   | Type of Action |
|-------------------|---------------|---------------------------|----------------|
| MGR               | Jeff Rosser   | 477 SOUTH ROSEMARY AVENUE |                |
|                   |               | WEST PALM BEACH, FL 33401 | ■Remove        |
|                   |               | <del></del>               |                |
| MGR Robert Hubner | Robert Hubner | 477 SOUTH ROSEMARY AVENUE | <b>=</b> Add   |
|                   |               | WEST PALM BEACH, FL 33401 | □Remove        |
|                   |               |                           | □Change        |
|                   |               |                           | □Add           |
|                   |               | <del> </del>              | □Remove        |
|                   |               |                           | Change         |
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|                   |               | <del></del>               | □Add           |
|                   |               |                           | □Remove        |
|                   |               |                           | □Change        |

D. If amending any oth 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 November 19 2024 /s/ ROBERT HUBNER Signature of a member or authorized representative of a member Robert Hubner Typed or printed name of signee