

NI 6000 00 1 650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

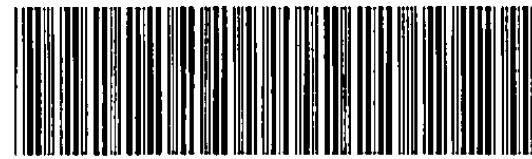
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SULKER

OCT 03 2019

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of PBC & ASSOCIATES, LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

NEW YORK

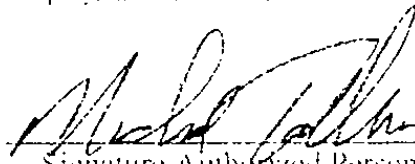
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

PBC & ASSOCIATES OF FLORIDA, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited liability
Company, L.L.C., or LLC.)


Signature Authorized Person

10/2/2019
Date

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