Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TOI

Division of Corporations

Fax Number

: (850)617-6383

From:

1 C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

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

Rmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PG HOLDING GROUP, LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

DEC 3 1 2014 T. HAMPTUN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PG HOLDING GROUP, LLC		
Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	SECT ALL
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000190460</u>	were filed on December 12,	S TO C
This amendment is submitted to amend the following:		EFF FEST
A. If amending name, enter the new name of the limited liab	ility company here:	7: 43 STATE STATE
The new name must be distinguishable and end with the words "Limited Liab	llity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1550 Madruga Ave., Suit	te 250
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33146	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1550 Madruga Ave., Suit Coral Gables, FL 33146	te 250
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		idn
Now Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete		

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

Page 1 of 3

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>`itle</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			DbA
			Remove
			□ Add
			□ Remove
······			———□ Add
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	the date of filing:	(optional)
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ate this document is filed by t	he Florida Department of State)	

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SECRETARY OF STATE