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## **WALK IN**

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#### **COVER LETTER**

TO: Registration S Division of Co			
PG18 STU	JDIO LLC		
JOBBECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence	ondence concerning this matter	r to the following:	
	Leslic Alan Rozencwaig,	Esq.	
		Name of Person	<del></del>
	Rozenewaig & Nadel, LL	P	
		Firm/Company	<del></del>
	301 W. Hallandale Beach	Blvd	
		Address	· · · · · · · · · · · · · · · · · · ·
	Hallandale Beach, Florida	33009	
		City/State and Zip Code	
	entities@rnflaw.com		
		to be used for future annual report	notification)
For further information c	oncerning this matter, please c	ail:	
Leslie Alan Rozencwaig, Esq.		954 455-510( at ( )	0
Name o	ſ Person		rtime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address Registration	Section
Division of C	orporations	Division of C	corporations

P.O. Box 6327 Tallahassee, FL 32314

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

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AMEMDMENT	
ARTICLES OF C	TO ORGANIZATION OF	PA (S)
PG18 STUDIO LLC		30
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document numberL16000132516	y were filed on 07/13/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
	······	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street addr	.e22
·		Florida
	City	Zip Code

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

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	SAUL PESTAE	19416 PRESIDENTIAL WAY	
		Miami, FL 33179	= Remove
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ffective date, if other than the	n data of filings	
an effective date is listed, the date mus	e date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605 0207
<u>lote:</u> It the date inserted in this bl	lock does not meet the applicable statutory filing requirements, this date will not be	listed as
ocument's effective date on the D	Department of State's records.	
record specifies a delayed effectiv	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	after the
is filed.		
June 7	2021	
ated		
Boousigned by:		
Jaime Pesate		
95B1C28F8F6F41A	Signature of a member or authorized representative of a member	-
Jaime Pesate, Ma		
Jarme resace, Ma	illage:	
<del></del>	Typed or printed name of signee	