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XX	РНОТОСОРУ	
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XX	FILING	LLC AMEND
1.	PG Columbus LLC (CORPORATE NAME AND DOCUM	ENT #)
2.	(CORPORATE NAME AND DOCUM	ENT #)
3.	(CORPORATE NAME AND DOCUM	ENT #)
4.	(CORPORATE NAME AND DOCUM	ENT #)
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COVER LETTER

	ration Section on of Corporations	
PO SUBJECT:	G COLUMBUS LLC	
SOBJECT	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Leslie Alan Rozencwaig, Esq.	
	Name of Person	
	Rozencwaig & Nadel, LLP	
	Fim/Company	
	301 W. Hallandale Beach Blvd	
	Address	
	Hallandale Beach, Florida 33009	
	City/State and Zip Code	
	entities@rnflaw.com E-mail address: (to be used for future annual report notification)	
For further infor	rmation concerning this matter, please call:	
Leslie Alan Roz	zencwaig, Esq. 954 455-5100 at ()	
	Name of Person Area Code Daytime Telephone Number	-
Enclosed is a ch	eck for the following amount:	
■ \$25.00 Filin	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy Certificate of St (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PG COLUMBUS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Corollary	ompany were filed on 07/30/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR.	ESS)	
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 agent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	he name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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, 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	≣ Add
		Miami, FL 33179	□Remove
			⊕Change
			□Add
			□Remove
			□Change
			
			Remove
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			□Change

N/A 			
			
			
			
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	ive date, but not an effective til	ne, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
l is filed.			
June 7	2021		
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Docusigned by:			
Jaime Pesate		rized representative of a member	
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——₩581CZ8F8F6F41A.	Signature of a member or autho	rized representative of a member	