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(Requestor's Name) (Address) (Address)	700366854057			
(City/State/Zip/Phone #)	06/09/21~-01001~-011	**250.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	ALLAHASSeevele	2021 JUN -8 PN 3: 15		
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WALK IN

	CERTIFIED COPY	
	РНОТОСОРУ	
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	FILING	LLC AMEND
	CORPORATE NAME AND DOCUM	MENT #)
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COVER LETTER

Division of Co			
PG CLEV'SUBJECT:	ELAND LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leslie Alan Rozencwaig,	Esq.	
		Name of Person	
	Rozencwaig & Nadel, LL	P	
		Firm/Company	
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 notif	ication)
For further information c	oncerning this matter, please c		
Leslie Alan Rozencwaig	, Esq.	954 455-5100 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
≘ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration 9	ection	Panistration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

	7	О	•
AR	TICLES OF	ORGANIZATION	
	()F	r records.) 9 and assigned.
PG CLEVELAND LLC			
(Name of the Lin	ited Liability Comp	any as it now appears on our Liability Company)	r records.)
	(71 Iorida Bilinted	indutity Company)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{08/14/201}{}$	and assigned
Florida document number L19000207844			₹ '
			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	n ords "Limited Liab	ility Company " the decimation	"I C" or the abbreviation of I C"
			in edg of the appreviation (i.e., c.
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	POW		
Mulang duaress MAT BE A POST OFFICE	<u> </u>		
D. If amounting the registered and a late			
B. If amending the registered agent and/or agent and/or the new registered office addro	registerea office . ess here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
		Enter Florida street	address
		-	, Florida
		City	Zip Cocle

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 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	≅ Add
		Miami, FL 33179	
			□Remove
		-	Change
			□ Add
			□Remove
			🗆 Change
			DAdd
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			□Add
			□Remove

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