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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	PG Real Estad Name of Lin	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
		Sarcia Name of Person		
	ALPG T	Zeal Estate LLC Firm/Company	2007	
	30725 US	HWY 19N #	315	
	Palm Har boc Andrew Levi E-mail address: (1	City/State and Zip Code Ne 966 yahoo.com on be used for future annual report notifica	3/5	
For further information co	ncerning this matter, please ca			
Philip Go	Person	at (<u>347</u>) <u>791 -</u> Area Code Daytime To	6436 elephone Number	
Enclosed is a check for the	: following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALPG Leal Estate L (Name of the Limited Liability Company)	LC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000[51864]</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi		and assigned
The new name most be distinguishable and contain the words "Limited Linbil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	30725 U.S HWY	in 19N
(Principal office address MUST BE A STREET ADDRESS)	# 3/5 Palm Harbor, FL	34684
Enter new mailing address, if applicable:		 .
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
		70
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		្ត្
New Registered Office Addition.	Enter Florida street address	
	, Florida	
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
			Add
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			□ Remove

_____ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: E: If the date inserted in this block does not meet the applicable statutorument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective date, but not an effect need to be after the record is filed.	ctive time, at 12:01 a.m. on the earlier
May 3 ed 5/3/2023 . 2023.	
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Page 3 of 3

Filing Fee: \$25.00