

L210000046388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

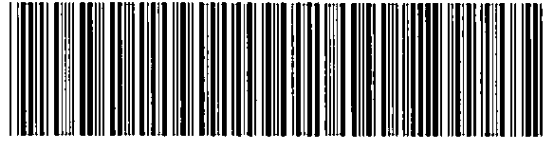
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TALLAHASSEE, FL  
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TALLAHASSEE, FL 32304

R. HUNT

03/01/24

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DR  
TALLAHASSEE, FL 32309  
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:** *Jan Tuller*

**BUSINESS NAME** PG MARKETING LLC **DOCUMENT #** L24000046388

Certified Copy  
 Certificate of Status

**NEW FILINGS**

Profit Corp  
 Not for Profit  
 Limited Liability  
 Domestication  
 LLLP  
 CORP  
 Other  
 Other

**AMMENDMENTS**

**Amendment**  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Revocation of Dissolution  
 Merger  
 Articles of Conversion  
 Restated Articles of Incorporation  
 Statement of Authority

OFFICE OF STATE  
TALLAHASSEE, FL  
SEP 28 11 AM 11:27

ED

**OTHER FILINGS**

Apostille  
 Country  
 Annual Report  
 Fictitious Name

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
 Reinstatement  
 Qualification  
 Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations  
PG MARKETING LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP GOLDENBERG  
\_\_\_\_\_  
Name of Person  
PG MARKETING LLC  
\_\_\_\_\_  
Firm/Company  
1575 JEFFREY COURT  
\_\_\_\_\_  
Address  
LARGO, FL 33771  
\_\_\_\_\_  
City/State and Zip Code  
CRGFACILITYSUPPLY@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2004 MAR -1 AM 11:27  
STATE OF FLORIDA  
TALLAHASSEE, FL  
330

For further information concerning this matter, please call:

PHILIP GOLDENBERG 727 638-8201  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone 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)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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 MARKETING 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 Company were filed on 1/24/2024 and assigned  
Florida document number L24000046388

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CLARITZA RAMIREZ GOLDENBERG	1575 JEFFREY COUTY, LARGO, FL 33771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PHILIP GOLDENBERG	1575 JEFFREY COUTY, LARGO, FL 33771	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information, containing a stamp from the Department of State, Florida, dated 2021 MAR -1 AM 11:27.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Handwritten signature of Philip Goldenberg

Signature of a member or authorized representative of a member

PHILIP GOLDENBERG

Typed or printed name of signee