

h22 0000 69282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

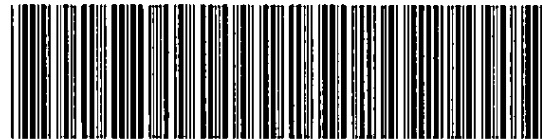
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22 NOV -4 PM 4:49

STATE OF CALIFORNIA
DIVISION OF CORPORATION

COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PFR INVESTMENTS OF SW FL, LLC
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00 Filing Fee
☒ \$43.75 Filing Fee
& Certificate of Status

☐ \$43.75 Filing Fee
& Certified Copy
☐ \$52.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Joseph Reyes
Name (Printed or typed)

3350 Jarvis Rd.
Address

Cape Coral FL 33993
City, State & Zip

239-699-9659
Daytime Telephone number

reyeshome@construction@outlook.com
E-mail address: (to be used for future annual report notification)

22 NOV - 4 PM 4:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2022

JOSEPH REYES
3350 JANIS RD
CAPE CORAL, FL 33993

SUBJECT: PFR INVESTMENTS OF SWFL, LLC
Ref. Number: L22000069282

22 NOV - 4 PM 4:49
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

We have received your document for PFR INVESTMENTS OF SWFL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 722A00022052

NOV - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PFR INVESTMENT OF SWFL, LLC
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:

OSMAR REYES
Name of Person
PFR INVESTMENT OF SWFL, LLC
Firm/Company
3350 Janis Rd.
Address
Cape Coral FL 33993
City/State and Zip Code
osreyes4@aol.com
E-mail address: (to be used for future annual report notification)

22 NOV - 4 PM 4:49

DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

OSMAR REYES at (239) 699-9659
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PFR INVESTMENTS OF SWFL, 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 2-10-22 and assigned Florida document number L22000069282.

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)

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:

OSMAR A REYES

New Registered Office Address:

3350 JANIS RD

Enter Florida street address

Cape Coral

City

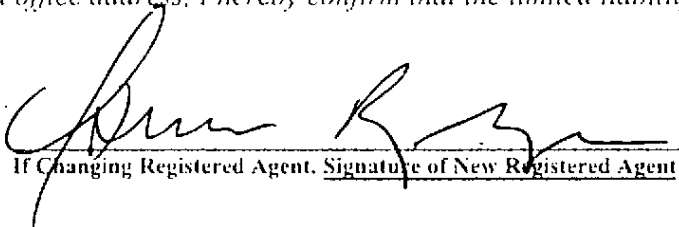
Florida

33993

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>
<u>manager</u>	<u>Joseph Reyes</u>	<u>3350 Janis Rd.</u>	<input type="checkbox"/> Add
		<u>Cape Coral FL 33993</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>manager</u>	<u>OSMAR REYES</u>	<u>OSMAR REYES</u>	<input checked="" type="checkbox"/> Add
		<u>3350 Janis Rd</u>	<input type="checkbox"/> Remove
		<u>Cape Coral FL 33993</u>	<input type="checkbox"/> Change
			<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
			<input type="checkbox"/> Remove

22 MAY - 4 PM 4:19
DIVISION OF CONSUMER PROTECTION

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22 NOV -4 PM 4:49

(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)

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 _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee