

LD900011621

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 18 AM 8:35

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA MGA, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA MGA, 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:

FRANK J. CARRERAS

Name of Person

Firm/Company

1195NW 97TH AVENUE

Address

DORAL, FL 33172

City/State and Zip Code

fjc@lifewallet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK CARRERAS

at (305) 592-2616

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT 2015 NOV 18 AM 8:35
TO
ARTICLES OF ORGANIZATION SECRETARY OF STATE
OF TALLAHASSEE, FLORIDA

FLORIDA MGA, 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 November 20, 2008 and assigned
Florida document number L09000011621

This amendment is submitted to amend the following:

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

PNG3, LLC

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:

PNG3, LLC.

(Principal office address MUST BE A STREET ADDRESS)

1195NW 97TH AVENUE

DORAL, FL 33172

Enter new mailing address, if applicable:

PNG3, LLC.

(Mailing address MAY BE A POST OFFICE BOX)

1195NW 97TH AVENUE

DORAL, FL 33172

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:

FRANK J. CARRERAS

New Registered Office Address:

1195NW 97TH AVENUE

Enter Florida street address

DORAL

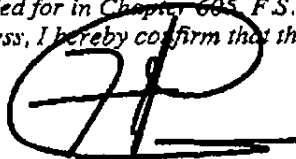
, Florida 33172

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	BENTRUSTFINANCIAL, INC	701 WATERFORD WAY	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33136	<input type="checkbox"/> Change
MGR	FRANK CARRERAS	1195 NW 97TH AVENUE	<input checked="" type="checkbox"/> Add
		DORAL, 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ALPHESEE, FLOWING

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TALLAHASSEE, FLORIDA

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 _____

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Signature of a member or authorized representative of a member

FRANK CARRERAS

Typed or printed name of signee