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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PFG MSUHING LLC Name of Limited Lightlity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Name of Person	
Peralver & Peralver P. M. Firm/Company	
2055 LeSeune Rd., Suite 508	09 TALL
Coval Gables, FL 33134	FIL 9 NOV -5 CRETARY CAHASSE
E-mail address: (to be used for future annual report notification)	THE PROPERTY OF THE PROPERTY O
For further information concerning this matter, please call:	L'STAT
Aurova Perrolver, ESC, at 355 579-9000 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

(Name of the Limited Liability Corn) (A Florida Limited	pany as it now appears on our I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 417	and assigned
Florida document number 1900037322.	., ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	25E
Enter new mailing address, if applicable:		NOV -5 A
(Mailing address MAY BE A POST OFFICE BOX)		FLORID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action** ☐ Add □ Add Remove Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00