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**EXAMINER** 



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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	т:	PGA CO	NSULTING LLC	
SOBULC		Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	bmitted for filing.	
Please re	turn all corresp	ondence concerning this matter	r to the following:	
	Augusto Ferreira			
			Name of Person	
		Augusto	Ferreira Accounting Ser	vice
			Firm/Company	
185 S. Westmonte Dr Ste 1216				
			Address	
		Δltai	monte Springs FL 32714	
		Altai	City/State and Zip Code	
		afe	erreira@centurylink.net to be used for future annual report r	
				otification)
For furth	er information of	concerning this matter, please of	call:	
	Auç	gusto Ferreira	at (_407_)	786-6400
	Name o	of Person	Area Code & Day	time Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FI	porations g Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PGA CONSULTING LLC			
( <u>Na</u>	me of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization	For this Limited Liability Company were filed on	09/30/2009	and assign	ned
Florida document number	L9000094436			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liability company he	ere:		
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Liability Comp	pany," the designation "L	LC" or the abbi	reviation
Enter new principal offices :	address, if applicable:		5	1 S
(Principal office address MU	ST BE A STREET ADDRESS)			2茶_
Enter new mailing address,	if applicable:		3	APON S
(Mailing address MAY BE A	POST OFFICE BOX)		8	ATON
	ered agent and/or registered office address on new registered office address here:	our records, enter th	ne name of t	he nev
Name of New Regis	ered Agent:			
New Registered Offi		nter Florida street addr	ess	
	-			
	City	, Florida	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JORGEMAN DE SOUZA	4730 CHEVY PLACE ORLANDO, FL 32811	Add ✓ Remove
<u>MGRM</u>	Gustavo Dolabella Andrad	4730 CHEVY PLACE ORLANDO, FL 32811	✓ Add ☐ Remove
MGRM	Cristiano Dolabella Andrad	4730 CHEVY PLACE ORLANDO, FL 32811	☑ Add Remove
MGRM	Bernardo Dolabella Andrad	4730 CHEVY PLACE ORLANDO, FL 32811	Add Remove
MGRM	Isabela Dolabella Andrade	4730 CHEVY PLACE ORLANDO, FL 32811	/Add Remove 
<del></del>			Add Remove
D. If amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
***************************************			
Dated	foliofile	istaro xueldas	
	ſ	or authorized representative of a member	
	Typed	USTAVO DE ANDRADE or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00