11000013835

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SECRETARY OF STA

T. CLINES

EXAMINER

COVER LETTER

TO: / Registration : Division of C	Section orporations				
SUBJECT:	BJECT: PFL HOLDINGS GROUP LLC Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		RICHARD E BOWE			
		Name of Person			
•	PFL HOLDINGS GROUP LLC				
Firm/Company					
	4702 N WILLIS ST				
	Address				
	TAMPA, FL 33603				
	City/State and Zip Code				
	RICH/ E-mail address: (RICHARDBOWE@YMAIL.COM E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of		,		
RIC	HARD E BOWE	at (_ 727)	237-3109 2 Daytime Telephone Number	ZOI JAL	
Name of Person		Area Code &	2 Daytime Telephone Number	ZOLI OCT	7-1
Enclosed is a check for	the following amount:			18 ARY	entrant
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	enclosed) Certified	te of Status &	d)
MAI	LING ADDRESS:	STREET/	COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PFL HOLDINGS	GROUP 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 <u>FEBRUARY 02, 2011</u> and assigned Florida document number <u>L11000013835</u> .						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	lity company here:					
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	5707 West Waters Ave					
(Principal office address MUST BE A STREET ADDRESS)	5707 West Waters Ave Tampa FL 33634					
•						
Enter new mailing address, if applicable:	5707 West Water Ave					
(Mailing address MAY BE A POST OFFICE BOX)	Tampa FL 336581 =					
D. If amonding the registered good and/or registered affi	AHASSI 8					
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here						
Name of New Registered Agent:	TATE CRID					
New Registered Office Address:						
	Enter Florida street address					

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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Address Type of Action Name **MGRM JESSICA LUKE** 804 EVENINGSIDE CT ✓ Add TAMPA, FL 33613 Remove ☐ Add Remove Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) ∏Add Remove Dated Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00