

Office Use Only



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Registration Section Division of Corporations

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SUBJECT:	PLGSP +	Holdings LL ed Liability Company	. C	
	Name of Limit	ted Liability Company		
The enclosed Articles of Amo	endment and fee(s) are subn	nitted for filing.		
Please return all corresponder	nce concerning this matter to	o the following:		
-	Mi	Name of Person	ntilippo	-
-		Firm/Company		-
-	1594	S.Ft Harrix Address	on Ave	_
_	E-mail address	City/State and Zip Code City/State and Zip Code One City/State and Zip Code	Duchizon.ne	
For further information conce	erning this matter, please ca	11:	,	2 T
Michael Name of Per	Gantilippo	at () } Area Code	S\O - 48\C	<u> </u>
Enclosed is a check for the fo	E-mail address of E-mail addre	□ \$55.00 Filing Fee &	ź \$6 0.00 F	iling Fee.

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tatlahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLGSP	Holdings	LLC	,	
(Name of the Limited Liab (A Flori	ility Company as it now da Limited Liability Com	appears on ou pany)	r records.)	
The Articles of Organization for this Limited Liability Florida document number しいののますい		on	me 7, 🕦	ത്രു and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability compa	iny here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company	" the designati	on "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)	" ·		-0
Enter new mailing address, if applicable:				22 F 55
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	dress here:			
Name of New Registered Agent:	Mich	noel G	iontilipy	<i></i>
New Registered Office Address:	En	ter Florida stre	et address	rison Ave
	Clearna	+B-	, Florida	33756 Zip Code
	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 **Title Address Type of Action** <u>Name</u> Peter L. Ghorse 19400 Gulf Blud Act A Indian Shores FL 33785 _□ Change Peter V. Giantilypo 2167 Beecher Road Clearwater FL 33763 ☐ Remove □ Change Michael Guntilpo 1594 S.Ft Horrison Ave XAdd Clearwater FL 33756 □ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00