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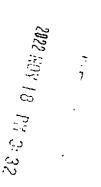
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ertified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
	J. HORNE			
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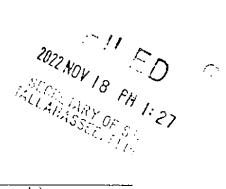
CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 ... 850-656-4724

Date: 11/18/2022

	Acc#I20160000072
Name:	PFFL, LLC
Document #:	
Order #:	14638574
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 25.00
	Thank you!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PFFL, LLC

(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Li Florida document number13000090011	iability Company were filed on _	6/21/2013	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of AGPFL, LLC	the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our is here:	records, enter the na	me of the new registered
Name of New Registered Agent:	C T Corporation System		
New Registered Office Address:	1200 South Pine Island Road		·
		orīda street address	
	Plantation ————————————————————————————————————	Florida _	
New Registered Agent's Signature, if changing R	City		Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete performance of stered agent as provided for in egistered office address. There	f my duties, and I an Chapter 605, F.S. O	familiar with and r, if this document is

Doc ID: eff56ece9d2b3b0cb9fb260d55516717aa0c791c

Madonna Cuddihy,
Assistant Secretary

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>	Address	Type of Action
			□Add
			□Remove
			□Change
		····	☐Remove
			□Add
			□Remove
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: [fective 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the recor	rd 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 fled.
Dated	NOVEMBER 15TH 2022 Slenn Horris
	Glenn Norvus
	Signature of a member or authorized representative of a member
	GLENN NORRIS, CFO Typed or printed name of some