# L13000155146

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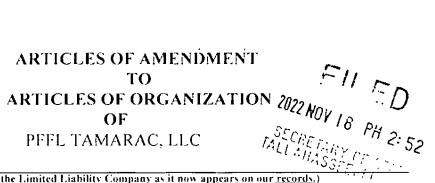
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# 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/18/2022

D	ite: 11/18/2022	1072 4: CDW
	Acc#I20160000	0072 G. C. J. V.
Name:	PFFL TAMARAC, LLC	
Document #:		
Order #:	14638574	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
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Thank you!



(Name of the Limi	(A Florida Limited Liability Compa	ny)	,
The Articles of Organization for this Limited I	iability Company were filed	11/4/2013	and assigned
on Florida document number <u>L13000155146</u>			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of AGPFL TAMARAC, LLC	of the limited liability compan	y here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," t	the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	. <u></u>	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	<del></del>		<del> </del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del></del>
		<del>-</del>	
B. If amending the registered agent and/or agent and/or the new registered office addre	• •	ir records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:	C T Corporation System		
New Registered Office Address:	1200 South Pine Island Ro	oad	
New Neglistered Office Address.	Enter	Florida street address	
	Plantation	, Flor	ida _ 33324
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg- baing fled to wards without a change in the	oer and complete performance istered agent as provided for	e of my duties, and in Chapter 605, F.	I am familiar with and 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.

Madonna Cuddihy,

Assistant Secretary

If Changing Registered Agen), 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 Type of Action <u>Address</u> Title Name \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_ □Remove

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