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COVER LETTER

TO: Registration Section Division of Corporations	 &
SUBJECT: PFL Holding Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to t	he following:
KirkB	Name of Person
PFL Hold	Firm/Company
_ llo SE R	Scaduay Street
Ocala, Fi	City/State and Zip Code Cala development com
E-mail address: (to b) For further information concerning this matter, please call:	e used for future annual report notification)
Name of Person	at Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PA Holo	time lu	\sim			
(Name of the Limited	d Liability Company as it n A Florida Limited Liability (ow appears on our record lompany)	<u>(s.</u>)		
The Articles of Organization for this Limited Lia	bility Company were fil	led on _12123	2013	and as	signed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability cor	npany here:			
The new name must be distinguishable and contain the wo		any," the designation "LLC	or the abbrev	viation "L	L.C."
(Principal office address MUST BE A STREET			:00 :FG	2023	
			<u> </u>	\rightarrow	
Enter new mailing address, if applicable:			SSVHV.	UG 22 1	
(Mailing address MAY BE A POST OFFICE BOX)			- 清晰 	AM 8:	-
			- FA	 -9	
B. If amending the registered agent and/or regagent and/or the new registered office address		on our records, <u>enter</u>	,		w registere
Name of New Registered Agent:	Kirk	Boone			
New Registered Office Address:		Enter Florida street addres	s		
			orida		
	City		2	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgc.	Marilyn Peek	16 SF Broodway Street	et 🗆 🗆 Add
O		Oca 19, FL 34471	□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change

). If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	19 2023 /
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00