## 4500008816

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO	120000000195
MCCOOMI	IVO.	120000000133

REFERENCE : 627490 4500665

AUTHORIZATION

COST LIMIT : (5 55.00

ORDER DATE: April 19, 2022

ORDER TIME : 2:21 PM

ORDER NO. : 627490-150

CUSTOMER NO: 4500665

\_\_\_\_\_\_

## DOMESTIC AMENDMENT FILING

NAME: PF MIAMI GARDENS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	PF Miami Gardens, LLC	
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) ny)
The Articles of Organization for this Limited	Liability Company were filed on	01/15/2015 and assigned
lorida document number L15000008816		
his amendment is submitted to amend the fo	llowing:	
a. If amending name, enter the new name	of the limited liability company	y here:
GFP Miami Gardens, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if appl	icable:	22
Principal office address MUST BE A STRE	<del>-</del> : -	7
		9
		.: 2
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	E POV	
Valing dadress WAT BE AT OST OFFICE		
gent and/or the new registered office addr	4.	ir records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	3con thisky	
New Registered Office Address:	11760 West Sample Road. Sur	
	Enter .	Florida street address
	Coral Springs	, Florida 33065
	City	Zip Code

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
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be pricte:  If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	cable statutory filing requirements, this date will not be
cord specifies a delayed effective date, but not an effective s filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day a
April 18 . 2022	
( n/	orized representative of a member

Filing Fee: \$25.00