## 116000116832

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## **COVER LETTER**

TO:		istration Sec ision of Corp						
eup I	ect.	PGF FLOR	IDA, LLC					
SUBJ	ECT:		Name of Lim	nited Liability Company				
			Amendment and fee(s) are sub					
			Joseph H. Brown, Esq.					
				Name of Person				
			Blount Law, PL					
				Firm/Company				
809 Walkerbilt Road, Suite 6					2019 SE			
			Naples, Florida 34110	Address	· <u> </u>		2019 FEB 25 SECRETAIN	PPRO FEAR
			jbrown@blountlaw.com	City/State and Zip Co	ode		<b>19 3</b>	EDVE
For fu	nther in	nformation co	E-mail address: oncerning this matter, please o	(to be used for future ann	ual report notifi	cation)	3: 53 STATE FLORIES	
Josep	h H. B	rown		239 at ()	592-4815			
		Name o	f Person	Area Code	Daytime	Telephone Number		
Enclo	sed is a	a check for th	ne following amount:					
<b>≘</b> \$2	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is	•	Certified C	of Status &	

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PGF FLORIDA, LLC		
(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)	<del>-</del>
(11) 101102 211111		
The Articles of Organization for this Limited Liability Compa	iny were filed on 06/16/2016	and assigned
Florida document number L16000116832		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7.69 A.69
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		F1
		公共 <b>5</b> 円名
B. If amending the registered agent and/or registered		_
registered agent and/or the new registered office address h	nere:	## <b>5</b>
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	7in 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>Titie</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Harry Adams-Mcreer	3940 RADIO ROAD	D Add
		SUITE 110	
		NAPLES, FL 34104	
MGR	Gregory Johnson	3940 RADIO ROAD	Change
		SUITE 110	
		NAPLES, FL 34104	□ Remove
			FILED FILED Change
			දැ.
		<del>,</del>	□ Remove
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of fi lote: If the date inserted in this block does not meet the applicable statute	iling or more than 90 days after filing.) Pursuant to 6	
ocument's effective date on the Department of State's records.	ory ming requirements, this care will not be in	sicu a
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the ear	lier o
the sour day after the record is filed.		
mand Floring 20 20A		
Dated February Do , DOA .		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00