

L16000 116832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

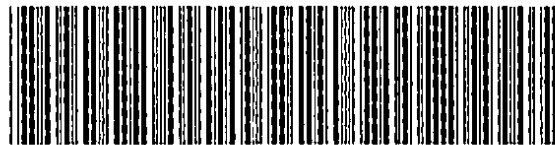
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200324970572

02/25/19--01023--012 \*\*25.00

FILED  
2019 FEB 25 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.G.  
03/01/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PGF FLORIDA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph H. Brown, Esq.

Name of Person

Blount Law, PL

Firm/Company

809 Walkerbilt Road, Suite 6

Address

Naples, Florida 34110

City/State and Zip Code

jbrown@blountlaw.com

E-mail address: (to be used for future annual report notification)

APPROVED  
AND  
FILED  
2019 FEB 25 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joseph H. Brown

239 592-4815  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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/COURIER ADDRESS:

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

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Harry Adams-Mercer	3940 RADIO ROAD	<input type="checkbox"/> Add
		SUITE 110	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34104	<input type="checkbox"/> Change
MGR	Gregory Johnson	3940 RADIO ROAD	<input checked="" type="checkbox"/> Add
		SUITE 110	<input type="checkbox"/> Remove
		NAPLES, FL 34104	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 FEB 25 PM 3:54  
 ECONOMIC DEVELOPMENT  
 FLORIDA DEPARTMENT OF  
 REVENUE

APPROVED  
 AND  
 FILED

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

APPROVED  
AND  
FILED

2019 FEB 25 PM 3:54  
SECRETARY OF STATE  
MAIL ROOM, E 0000

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 20, 2019

X \_\_\_\_\_  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Harry Adams-Mercer**

Typed or printed name of signee