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K. SALY OCT 3 1 2016

COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT:		ISLAND ROAD, LLC		
Name of Limited Liability Company				
		mendment and fee(s) are submitted	_	
		MICHAEL SARABJIT		
			Name of Person	
GLOBAL TAX GROUP, INC.				
Firm/Company				
	269 N. UNIVERSITY DRIVE, SUITE B			
Address				
PEMBROKE PINES, FL 33024				
City/State and Zip Code			-	
		INFO@IGLOBALTAX.CO		
		E-mail address: (to be	used for future annual report notificati	on)
For further i	information con	ncerning this matter, please call:		
MICHAEL	SARABJIT, C	PA	954 893-1399 at ()	
	Name of F	Person	Area Code Daytime Tel	ephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIGOCT 28 PM TO 11

TALLAHASSEE. FLORIDA

3363 N PINE ISLAND ROAD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v		-10_A		
	were filed on	and assigned		
Florida document number L16000162114				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
PQGC ESTATES, LLC.				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		****		
(Mailing address MAY BE A POST OFFICE BOX)				
		No. of the space o		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the nev		
New Registered Office Address:	Enter Florida street address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:		ida Zip Code		

	from our records:	eu to manage, <u>enter t</u>	FILED 2016 OCT 28 PM COLL	person being adde
AMBR = A	uthorized Member		2016 OCT 20	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE	Type of Action
		 	CAHASSÉE. FLORIDA	
				☐ Remove
				Change
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	FHER
	2016

	SECRETARY OF STATE TALLAHASSEE. FLORIDA
	TALLAHASSEF STATE
	LORIDA
 	
-	
10/25.	72016
. Effective date, if other than the date of filing:	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's red	cords.
the record specifies a delayed effective date, but	It not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.	
_ October 25th 2016	
Dated,,	·
Signature of a perioder of	- Company
3 signature de la companya de la com	authorized representative of a member
KRISTI MOOTI-PERSAD	
Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00