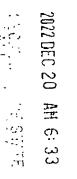
## L18000064057

(Requ	uestor's Name)	
(Addr	ess)	
(Addi	ess)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



400396226894



2022 DEC 20 PM 3: 2:

RECEIVED

A. BUTLE: DEC 2 4 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 264942 ; 5011226
AUTHORIZATION: Squelli Clered
COST LIMIT : \$ 25.00
ORDER DATE : December 20, 2022
ORDER TIME : 12:50 PM
ORDER NO. : 264942-010
CUSTOMER NO: 5011226
DOMESTIC AMENDMENT FILING
NAME: PF SATELLITE BEACH, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland EXT#

EXAMINER'S INITIALS:

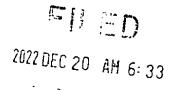
## **COVER LETTER**

TO:	Registration Se Division of Con			
CHB IFA		e Beach, LLC Name Change		
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sui	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Tucker Thoni		
			Name of Person	
		GrayRobsinson, PA		
		<u></u>	Firm/Company	<del>*************************************</del>
		301 E. Pine Street, Suite 1	400	
			Address	<del></del>
		Orlando, FL 32801		
		<del></del>	City/State and Zip Code	(*************************************
		tucker.thoni@gray-robinso		
		E-mail address:	to be used for future annual report no	ification)
For furth	er information c	oncerning this matter, please o	all:	
Tucker T	Thoni		407 843-8880 at ( )	
	Name o	of Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>!</u>	Mailing Addres	<u>s:</u>	Street Address:	

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



PF Satellite Beach, 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	were filed on January 4, 2018	and assigned
Florida document number L18000004057		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
GL Satellite Beach, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "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)		
70 16 . 15 . 45 . 16 . 16 . 16 . 16 . 16 . 16 . 16 . 1	43.	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Additions.	Enter Florida street address	<del></del>
	, Florida	
<del></del>	City	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager  Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□Change
		<u></u>	□Add
			Remove
			□ Add
			□Remove
		<del> </del>	Change
	<del></del>		□Add
			□Remove
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··· <del>-</del>			□Add
			□Remove

\_ Change

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fan effec <u>Note:</u> 11	Date of Filing  (optional)  The date, if other than the date of filing:  (optional)  (optional)  The 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documer	nt's effective date on the Department of State's records.
e record rd is file	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 d.
	12/19.2022
Dated _	Make
Dated _	Signature of a member or authorized representative of a member