

L18000064286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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APR 03 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PGL PROMINENCE SERVICES LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAOLA GUZMAN LUNA  
Name of Person

PGL PROMINENCE SERVICES LLC.  
Firm/Company

6974 OAK BRIDGE LANE  
Address

LAKEWORTH, FLORIDA 33467  
City/State and Zip Code

payballo61298@yahoo.com.mx  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA GUZMAN LUNA at (561) 5682025  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS: -

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee  
☐ \$30 Filing Fee & Certificate of Status  
☐ \$55 Filing Fee & Certified Copy  
☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: PGL PROMINENCE SERVICES LLC

I WANT TO CHANGE NAME OF COMPANY

**SECOND:** The Florida Document number of the limited liability company is: L18000064286

**THIRD:** Document to be corrected is: (L18000064286) ARTICLE OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

CHANGE OF NAME TO  
PAOLA GUZMAN LUNA LLC

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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

**OR**

☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

3/28/18  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

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