## 118000103672

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corp	porations				
P R ENTER SUBJECT:	PISE GROUP LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	FELIX CACERES				
		Name of Person			
	CACERES & CACERES				
Firm/Company					
	1035 SW 87TH AVENUE				
		Address	<del></del>		
	MIAMI, FL 33174				
	City/State and Zip Code FMCACERES@GMAHL.COM				
		to be used for future annual report notific	• **		
For further information c	oncerning this matter, please co	all:	;		
FELIX CACERES		305 262-9502	Ţ		
Name o	f Person	Area Code Daytime	Celephone Number		
Enclosed is a check for th	ne 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)		
Registr	ING ADDRESS: ration Section of Corporations	STREET/COURIE Registration Section Division of Corporat			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P R ENTERPISE GROUP LLC			
( <u>Name of the Limited Linbi</u> (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L18000103672		and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company here:		
P R ENTERPRISE GROUP LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation	"L.L.C."
(Principal office address MUST BE A STREET ADD  Enter new mailing address, if applicable:	<u>—————————————————————————————————————</u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	gistered office address on our records, <u>enter</u>	:	ne of the p
registered agent and/or the new registered office ad	mics nere.		-
Name of New Registered Agent:		<u></u>	!
		1.0	)
New Registered Office Address:	Enter Florida street address		
	Florida		
<del></del>	City	Zip Co	ode

## 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

H' amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
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f an effective date is lister Note: If the date inser	er than the date of it d, the date must be specificed in this block does date on the Department	ic and cannot be price not meet the appli	or to date of filing or n cable statutory filir	(opti- nore than 90 days after og requirements, this	filing.) Pursuant to 6	605.0201 isted as
e record specifies The 90th day aft	s a delayed effecti er the record is fi	ve date, but n led.	ot an effective :	time, at 12:01 a	a.m. on the ear	lier o
Dated MAY 9	1	2018				
	/A-		·			
	11V/		norized representative			

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Filing Fee: \$25.00