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Y. SCOTT FEB 1 9 2022

## COVER LETTER

	gistration Section vision of Corpor			•	·			
SUBJECT:	PG.	Home	Service	esuc	•			
				ited Liability Company	<del></del>			
The enclose	d Articles of An	endment and	ec(s) are sub	mitted for filing.				
Please retur	n all corresponde	ence concernin	g this matter	to the following:				
			S	COTT LEONARD  Name of Person				
				Name of Person				
			PG	Home Services Li	LC :0 -1			
				Firm/Company	7022	•		
		7125	N. Plur	Firm/Company  Tree, Recovered  Address	Market Market T			
				Address	334 = <b>[</b>			
			Punta Gorda PL 33955  City/State and Zip Code					
		<u></u>	hey MOU	OC USE OF TUTE ANNUAL REPORT TO	otification)			
For further	information con	cerning this ma	itter, please ca	all:				
	SCOTT L		<u> </u>	at (321) L/27 Area Code Days	0700			
	Name of Pe	rson		Area Code Dayt	time Telephone Number			
Enclosed is	a check for the f	ollowing amo	unt:					
\$25,00	Filing Fee	S30.00 Fili Certificate	ng Fee & e 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)			
	ailing Address:	at: a.a.		Street Address:				
	egistration Sectivision of Cor			Registration S				

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

PG Home Services	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document numberL  8000 12597	vere filed on May 4 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
PG Lawn and LandScape L The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	300 Trieste Drive
(Principal office address MUST BE A STREET ADDRESS)	Punta Gorda Fi, 33950
Enter new mailing address, if applicable:	300 Trieste Drive
(Mailing address MAY BE A POST OFFICE BOX)	Punta Gorda FL, 33950 7 17
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

## N

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

or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action Address** <u>Title</u> <u>Name</u>  $\square$ Add □Remove □Change □Add □Remove □ Change  $\square$ Add □Change  $\square$ Add □Remove □ Change □Remove □ Change  $\square$  Add Remove

\_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Page 2 of 3

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ve date, if other than the date of filing: $\frac{2/10/2022}{}$ (optional)
an effi lote:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	February 10 2022
	Signature of a member or authorized representative of a member
	SWIT LONGY Department of Signee