## L18000167276

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 627490 4500665
AUTHORIZATION Spulledenson
COST LIMIT : \$ 55.00
ORDER DATE : April 19, 2022
ORDER TIME : 2:23 PM
ORDER NO. : 627490-180
CUSTOMER NO: 4500665
DOMESTIC AMENDMENT FILING
NAME: PF NORTH MIAMI, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY
PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: \_

CONTACT PERSON: Alexxis Weiland -- EXT#

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PF North Miami	LLC	
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our rec ity Company)	cords.)
The Articles of Organization for this Limited I	Liability Company were	e filed on 07/11/2018	and assigned
lorida document number L18000167276			
his amendment is submitted to amend the fol	llowing:		
a. If amending name, enter the new name of	of the limited liability	company here:	
GFP North Miami, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)		2:
			22.
	_		2.0
Inter new mailing address, if applicable:			19
Mailing address MAY BE A POST OFFICE	E ROX)		******
	<del></del>		J1
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addresses</li> </ol>		ess on our records, <u>en</u>	
Name of New Registered Agent:	Scott Linsky		
New Registered Office Address:	11760 West Sample	Road, Suite 105	
		Enter Florida street add	dress
	Coral Springs		Florida 33065
		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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			□ Remove
			□Change

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ective date, if other than the effective date is listed, the date made: If the date inserted in this burnent's effective date on the I	e date of filing:  set be specific and cannot be prior to block does not meet the applica Department of State's records.	o date of filing or more th ble statutory filing req	(option: an 90 days after fili uirements, this d	al) ing.) Pursu ate will no	ant to 605.02 of be listed :
cord specifies a delayed effecti s filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b)	The 90th	day after th
ed April 18	. 2022				
( 0/ -					

Filing Fee: \$25.00