## L190000 15979

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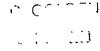
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## **COVER LETTER**

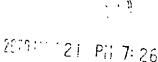
Tallahassee, FL 32314

	Registration Se Division of Cor				
		EN & BATH SPECIALISTS,	LLC		
SUBJEC	T:	Name of Limited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		PAMELA GOVETTE			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		PG KITCHEN & BATH S	PECIALISTS		
		<del> </del>	Firm/Company		
		1185 BLUE EAGLE TRA	IL		
			Address	<del></del>	
		JACKSONVILLE, Fl. 32225			
		pamgoyetteinteriors@ymai	City/State and Zip Code		
		E-mail address. (	to be used for future annual report in	otification)	
For turth	er information c	oncerning this matter, please co	all:		
Pamela (	nela Goyette 904 8870120				
	Name o	f Person	at () Area Code Day	time Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ <b>\$</b> 25.0	X) Filing Fee	\$30.00 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)	
]	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of C The Centre of	Section Orporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PG KITCHEN & BATH SPECIALISTS 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 were filed on \_ and assigned L19000015979 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PG INTERIOR DESIGN & SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 83562 WATKINS WALK (Principal office address MUST BE A STREET ADDRESS) FERNANDINA BEACH, FL 32034 Enter new mailing address, if applicable: 83562 WATKINS WALK (Mailing address MAY BE A POST OFFICE BOX) FERNANDINA BEACH, FL 32034 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida 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

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>	Name	Address	Type of Action
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		**	□Remove
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			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
the record ord is fil	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 ed.
Dated _	May 18 , 2020.
	Signature of a member or authorized representative of a member
	PAMELA GOVETTE
	Typed or printed name of signee

Filing Fee: \$25.00