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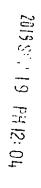
	Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Document Number)
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R. WHITE OCT 0 2 2019

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
PFG Interi	ors, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Melisa Elliott		
		Name of Person	
	Wolfe Financial Group		
		Firm/Company	
	1515 International Pkwy S	te. 1001	
		Address	
	Lake Mary, FL 32746		
	pattig@pfginteriors.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Melisa Elliott		407 333-0355	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
	□ \$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)
Regist Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.0

2015 SEC 19 PH 12: 03

PFG INTERIORS, 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 Li Florida document number L19000139007		were tiled on 05/23/	2019 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8233 Lake Crowell Circle	
		Orlando, FL 32836	
		8233 Lake Crowell Circle Orlando, FL 32836	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered of lice address here	Hee address on ou g:	ir records, enter the name of the new
Name of New Registered Agent:	Patricia Guthrie		
New Registered Office Address:	8233 Lake Crow		
		Enter Florida:	Treet address
	Orlando	(1):	, Florida 32836
		Ciņ	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.

f 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>	<u>Address</u>	Type of Action
MGR	Diane W. Macandrew	321 W. Lake Faith Dr	
		Maitland, FL 32751	🛱 Add
			Remove
			☐ Change
			□ Renove
		·	Change
·			
			□ Remove
			Change
			Add
			C Remove
			Change
	Al-	·	
			Remove
			☐ Change
			Add
	·		Remove
			Change

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Note: 1	ve date, if other than the date of filing:
	ord 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.
, me	sources are record is med.
Dated _	Sept 17, 2015.
	Signature of a member or authorized representative of a member
	Patricia Guthrie