## L 19000201584

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ness Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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ALLAHASSEE, FLOW

2022 DEC

RECEIVED

A. BUTLER
DEC 2 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230. Phone: 850-558-1500

Phone: 850-558-1500				
ACCOUNT NO. : 12000000195				
REFERENCE : 264942 5011226				
AUTHORIZATION: Entre Company				
COST LIMIT : \$ 25.00				
ORDER DATE : December 20, 2022				
ORDER TIME : 12:49 PM				
ORDER NO. : 264942-005				
CUSTOMER NO: 5011226				
DOMESTIC AMENDMENT FILING				
NAME: PF SOUTH LAKELAND, LLC				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

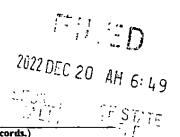
## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD IE/		LAKELAND, LLC	Name Change	
SUBJEC	~1; <u> </u>	Name o	f Limited Liability Company	<del>'-</del> -
The encl	osed Articles of	Amendment and fee(s) are	e submitted for filing.	
Please re	eturn all correspo	indence concerning this m	atter to the following:	
		Tucker Thoni		
			Name of Person	<del></del>
		GrayRobsinson, PA		
			Firm/Company	
	301 E. Pine Street, Suite 1400			
			Address	<del></del>
		Orlando, FL 32801		
			City/State and Zip Code	
		tucker.thoni@gray-rob E-mail addr	inson.com ess: (to be used for future annual report notifica	tion)
For furth	er information c	oncerning this matter, plea	•	<b>,</b>
Tucker 7	Гьопі		407 843-8880	
	Name o	f Person	at ()Area Code Daytime To	elephone Number
Enclosed	l is a check for th	e following amount:		
□ <b>\$2</b> 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of State		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	an

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**



PF SOUTH LAKELAND, 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 Florida document number L19000201584	were filed on 8/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
GL SOUTH LAKELAND, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>ente</u>	r the name of the new registered
V 5 10 10 10 10 11		
New Registered Office Address:	gistered Office Address:  Enter Florida street address	
	,F	Torida
<del></del>	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 Tide Name <u>Address</u> **Type of Action** \_\_\_\_\_ □Remove \_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Add \_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ Remove \_\_\_\_\_ Change

\_\_\_\_\_\_ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
n effecti ote: If t	date, if other than the date of filing:  date of filing  (optional)  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	12/19. 2022 // Mul
	Signature of a member of authorized representative of a member
	John Wash, Authroized Member

## **COVER LETTER**

	Registration Sec Division of Corp			
CUBIEC		LAKELAND, LLC	Name Change	
Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) a	are submitted for filing.	
Please ret	um all correspor	ndence concerning this	matter to the following:	
		Tucker Thoni		
			Name of Person	
	GrayRobsinson, PA			
	Firm/Company			
	301 E. Pine Street, Suite 1400			
			Address	
	Orlando, FL 32801			
			City/State and Zip Code	
		tucker.thoni@gray-ro	obinson.com  Idress: (to be used for future annual report notification)	
For furthe	er information co	oncerning this matter, pl	•	
Tucker Ti	boni		407 843-8880	
Name of Person		Person	at () Area Code Daytime Telephone Number	
Enclosed	is a check for the	e following amount:		
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee Certificate of Sta	· · · · · · · · · · · · · · · · · · ·	
	Mailing Address Registration S		Street Address: Registration Section	

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

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