

10/28/20

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MONAHAN MIJARES CPA PA  
Account Number : I20050000157  
Phone : (305)487-1438  
Fax Number : (305)397-1003

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@monahanmijares.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PG&N GROUP, LLC

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10-28-2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PG&N GROUP, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roark R. Monahan CPA  
Name of Person

Monahan - Mijares CPA, PA  
Firm/Company

75 Valencia Ave, Suite 703  
Address

Coral Gables, FL 33134  
City/State and Zip Code

elismor.castillo@monahanmijares.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan at 305 407-1440  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document

FIRST: The name of the limited liability company is: PG&N GROUP, LLC

2019 OCT 28 P 3: 27  
TALLAHASSEE, FLORIDA

SECOND: The Florida Document number of the limited liability company is: L19000201711

THIRD: Document to be corrected is: Articles of Organization, Article V

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect Statement: DIAS POO, BERNARDINA

Reason: Misspelling of the last name; the last name is Diaz

Correct Statement: DIAZ POO, BERNARDINA

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

The electronic transmission of the record was defective.

Bernardina Diaz Mijares

10/28/2019

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.*

Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)