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COVER LETTER

SUBJECT:	PG16, LLC				
SUBJECT.	•	Name of Lin	nited Liability Company		
The enclosed	f Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return	ali correspon	dence concerning this matter	to the following:		
		Deborah Hogan, Esq.			
			Name of Person		
		The Hogan Law Firm			
	Name of Person The Hogan Law Firm Firm/Company 20 S. Broad St. Address Brooksville, FL 34601 City/State and Zip Code registeredagents@hoganlawfirm.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:		_		
		20 S. Broad St.			
			Address		
		Brooksville, FL 34601			
			City/State and Zip Code		<u></u>
				port notification)	
For further in	iformation co	ncerning this matter, please c	all:		
Vickie Curry	,			8423	
	Name of	Person		Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address:		<u>Street</u> Add	lress:	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

PG16, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reconability Company)	ords.)
he Articles of Organization for this Limited Liability Company	were filed on 1/31/2020	and assigned
lorida document number L20000038408		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
PG16, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
Principal office address MUST BE A STREET ADDRESS)	N/A	g n
		S ==
Inter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)	NA	- 5
	·	
B. If amending the registered agent and/or registered office acgent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ent</u>	er the name of the new reg
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 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
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,	/31/2020						
tective date, it other than the date of filing:				(opti	onal)		
n effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet	the applica	o date of filing ble statutory	g or more tha Tiling requ	n 90 days after irements, thi	tiling.) Pu s date wil	rsuant to	605.02 listed
cument's effective date on the Department of State	's records.	-					
cord specifies a delayed effective date, but not an o	effective tin	ne, at 12:01	a.m. on the	earlier of: (b) The 90	Oth day a	ifter th
is filed.							
February 25.	020						
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1) a le au	00	Llon					
Signature of a memi	ber or author	ized repesen	tative of a m	ember			