

L20000 207561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

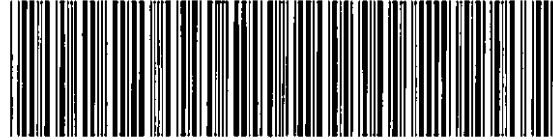
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 16 PM 12:00

SECRETARY OF
TALLAHASSEE, FL

RECEIVED

2022 NOV 16 PM 12:29

SECRETARY OF
TALLAHASSEE, FL

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/16/2022

Acc#120160000072

en: c DW

Name:	PFFL DELRAY BEACH, LLC
Document #:	
Order #:	14638574

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
PFFL DELRAY BEACH, LLC**

FILED

2022 NOV 16 PM 12:00

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

**SECRETARY
TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed 07/20/2020 and assigned
on Florida document number : L20000207561

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AGPFL DELRAY BEACH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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:

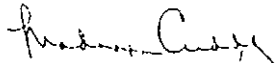
(Mailing address MAY BE A POST OFFICE BOX)

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:	C T Corporation System
New Registered Office Address:	1200 South Pine Island Road
	<i>Enter Florida street address</i>
	Plantation, Florida 33324
	<i>City Zip Code</i>

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.


Madonna Cuddihy,
Assistant Secretary

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2077 NOV 16 PM 12:00
SECURITY
TALLAHASSEE, FL

FILED
2007 NOV 16 PM 12:00
STANTON, MISSISSIPPI
TALLAHASSEE, FL

(If an effective 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 (3)(b)

If the record 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 record is filed.

NOVEMBER 15TH 2022

Dated _____

Glenn Norris
Signature of a member or authorized representative of a member

GLENN NORRIS, CFO

Typed or printed name of signee

Filing Fee: \$25.00