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(Requestor	s Name)
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Section Division of Corporations	_
emp n	PCIG PROPERTIES L	c
SUBJI	:C1:	Name of Limited Liability Company
The en	closed Articles of Amendmen	and fee(s) are submitted for filing.
Please	return all correspondence con	cerning this matter to the following:
	Harion (Garbuzov
	 -	Name of Person
	PCIG P	ROPERTIES LLC
		Firm/Company
	651 NW	82nd Ave, Apt 202
		Address
	FORT	LAUDERDALE, FL 33324
	ilaarbuu	City/State and Zip Code
	- Itga: Utz	E-mail address: (to be used for future annual report notification)
For furt	ther information concerning t	nis matter, please call:
Ilarion	Garbuzov	786 5752370 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following	amount:
■ \$25		0 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: 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

PCIG PROPERTIES	LLC				
(<u>Na</u>	ne of the Limited Liabil (A Floric	ity Company a la Limited Liabi	s it now appears on our i lity Company)	ecords.)	
The Articles of Organization for the Florida document number L200003 This amendment is submitted to an	S94767 	Company wei 	re filed on January 01,	2021	and assigned
A. If amending name, enter the	new name of the lin	nited liability	company here:		
The new name must be distinguishable at	nd contain the words "Lit	mited Liability (Company," the designation	."LLC" or the abbrev	iation "L.L.C."
Enter new principal offices addr	ess, if applicable:	_			
Principal office address MUST E	<u>BE A STREET ADD</u>	(RESS)			
Enter new mailing address, if ap	pplicable:	_			
(Mailing address MAY BE A POS	ST OFFICE BOX)	_			
		_			
B. If amending the registered agagent and/or the new registered	gent and/or register office address here	ed office add :	ress on our records,	enter the name of	the new registered
Name of New Registered	l Agent:	INA CHERN	YAK		
New Registered Office A	1577	NW HTH S	r		
New Negatered Office 1			Enter Florida street		
	Fort	Lauderdale		, Florida <u>33311</u>	Zip Code
			City		zip Соие
New Registered Agent's Signature				1.6	to comply with the
I hereby accept the appointment provisions of all statutes relative accept the obligations of my pos- being filed to merely reflect a ch company has been notified in w	e to the proper and sition as registered hange in the registe	complete pe agent as pro red office aa	rformance of my aut wided for in Chapter	ies, ana i am jam : 605, F.S. Or, if t	his document is
}			\bigcirc 1		

If amendii or remove	ng Authorized Person(s) authorized d from our records:	I to manage, enter the title, name, and address	s of each person being adde
MGR = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	POLINA CHERNYAK	7 10 MORLOT AVE	= Add
		FAIR LAWN, NJ, 07410-1612	□Remove
			[]Change
MGR	ILARION GARBUZOV	651 NW 82nd Ave, Apt 202	□Add
		Plantation, FL, 33324	≣Remove
			□Change
AMBR	ILARION GARHUZOV	651 NW 82nd Ave. Apt 202	
		Plantation, FL, 33324	≣Remove
			□Change
			□Add
			□Remove
		-	□Add
			□Remove
			
			□Remove

□ Change

ramending any other m	formation, enter change(s) here: (Attach additional sheets, if necessary.)
	
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<u>-</u>	
ffective date, if other the	an the date of filing: (optional) date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
<u>Sote:</u> If the date inserted in	this block does not meet the applicable statutory filing requirements, this date will not be listed as to the Department of State's records.
ocument's effective date of	The Department of State's records.
record specifies a delayed of is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September, 17	2022
	Signature of a member or authorized representative of a member
Ilarion Garbuzov	Typed or printed name of signee

Filing Fee: \$25.00