121000028374

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COVER LETTER

ro: Registi Divisio	ration Section on of Corporations	,
Př	R FAMILY HOLDING, LLC	
SUBJECT: _	Name of I	imited Liability Company
The enclosed A	rticles of Amendment and fee(s) are	Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: PABLO ROSEMBERG Name of Person Firm/Company 3625 WATERS EDGE DRIVE Address BELLE ISLE, FL 32812 City/State and Zip Code PABLO.ROSEMBERG@YAHOO.COM E-mail address: (to be used for future annual report notification) tition concerning this matter, please call: SERG at 407 Area Code Daytime Telephone Number k for the following amount: Fee \$\Bigsigma \text{30.00 Filing Fee} & Certificate of Status} & Certificate of Status & Ce
Please return al	l correspondence concerning this mal	ter to the following:
	PABLO ROSEMBERO	
		Name of Person
		,
	3625 WATERS EDGE	
	BELLE ISLE, FL 328	2
	PABLO.ROSEMBERG	@ҮАНОО.СОМ
For further inf	ormation concerning this matter, plea	se call:
PABLO ROSI	EMBERG	at (
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
≘ \$ 25.00 Fi		S Certified Copy Certificate of Status & Certificate Copy
Reg Div P.O	Ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR FAMILY HOLDING, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 121000028374		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		 _
New Registered Office Address:	Enter Florida street address	
	, 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 aqueu or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PABLO ROSEMBERG	3625 Waters Edge Drive, Belle Isle, FL 32812	= Add
			🗆 Remove
			□Change
MGR	Pablo Rosemberg Irrevocable Trust	3625 Waters Edge Drive, Belle Isle, FL 32812	□Add
•			= Remove
			Change
			DAdd
			□Remove
			Change
			□ Add
			□Remove
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			□Add
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			[] Change
			🗀 Add
			Remove
			□Change

				
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effective date is listed, the date must be <u>e:</u> If the date inserted in this block	e specific and cannot be prior k does not meet the applic	to date of filing or more t able statutory filing re-	han 90 days after filing.) Pi quirements, this date wi	ursuant to 605.02 Il not be listed
iment's effective date on the Department	artment of State's records.			
				·
ord specifies a delayed effective d filed.	late, but not an effective ti	me, at 12:01 a.m. on the	he earlier of: (b) The 9	With day after th
Lilot.		/		
ed FEBRUARY 24	2021	. ()		
	,			<u> </u>
	gnature of a member or author			

Filing Fee: \$25.00