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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(C. 10. Mar.)
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Thomas do 350 1500
ACCOUNT NO. : 12000000195
REFERENCE : 627490 4500665
AUTHORIZATION : Spelle le man
COST LIMIT : \$55.00
ORDER DATE : April 19, 2022
ORDER TIME : 2:25 PM
ORDER NO. : 627490-200
CUSTOMER NO: 4500665
DOMESTIC AMENDMENT FILING
NAME: PF DAVIE, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PF Davie, LLC	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Company)	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	02/01/2021 and assigned
Florida document number 1.21000056463	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	v here:
GFP Davie, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· 2
Principal office address MUST BE A STREET ADDRESS)	-7. 29
	9
	٠,
Enter new mailing address, if applicable:	÷
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on ougent and/or the new registered office address here:	ir records, <u>enter the name of the new regi</u>
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
r.nier	r writin street autress
Cin	, Florida Zip Code
City	z.tp Code
ew 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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			: DRemove
			⊟Change
			Remove
			□Change
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ective date, if other than the effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date o	(optional) f filing or more than 90 days after filing.) P	ursuant to 605.020
e: If the date inserted in this b ument's effective date on the D	lock does not meet the applicable stat	utory filing requirements, this date wi	ll not be listed a
cord specifies a delayed effective filed.	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 9	Oth day after th
ed April 18	. 2022		
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Filing Fee: \$25.00

Typed or printed name of signee