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SECRETARY OF STATE

COVER LETTER

:OT Registration Section Division of Corporations PXG GENERAL SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jose Almarates Name of Person Professional Services Bookkeeping Inc Firm/Company 736 NW 22nd Av Address Miami Fl 33125 City/State and Zip Code jose@professionalservicesmiami.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose L Almarales Daytime Telephone Number Name of Person Enclosed is a check for the following amount: € \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 SEP 14 PM 9:49

PXG GENERAL SERVICES LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 09/10/2021	and assigned
Florida document number L21000115671		!
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited liab	oility company here:	1
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	- <u></u> -	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		1
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:	address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street address	1
	Florida	
Num Pagintanad Amaria Simana (S.)		Zip Code
New Registered Agent's Signature, if changing Registered Agents		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am for provided for in Chapter 605, F.S. Or, i	amiliar with and his if this document is

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
MBR	Jose Manuel Garcia Gallego	489 E 26th St APT 5	= Add
		Hialeah Fl. 33013	□Remove
			Change
			□Remove
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ective date, if other than effective date is listed, the date: a: If the date inserted in the date on the date of	te must be specific a his block does no	and cannot be prio timeet the appli	cable statutory	er more than 90 filing requirem	(optional) lays after filing.) P ents, this date wi	arsuant to 605.020 Il not be listed a
cord specifies a delayed ef filed.	fective date, but n	iot an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The 9	0th day after the
September 10th			·			
	3 Mar	612 No	er of la)		
	Signature of	a member of anth	orized represent	ative of a membe	r	