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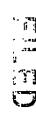
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SPECIAL INSTRUCTIONS:

6.

(CORPORATE NAME AND DOCUMENT #)

COVER LETTER

Division of Cor				
PG AUSTI	N LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The anglored Articles of	Amendment and fee(s) are sub	surited for files		
	ndence concerning this matter			
r lease return an correspo	ndence concerning this matter	to the following.		
	Leslie Alan Rozencwaig,	Esq.		
		Name of Person		
Rozencwaig & Nadel, LLP				
		Firm/Company		
	301 W. Hallandale Beach Blvd			
	Address Hallandale Beach, Florida 33009 City/State and Zip Code entities@rnflaw.com			
		to be used for future annual report notific	cation)	
For further information co	oncerning this matter, please c	all:		
Leslie Alan Rozenewaig,	Esq.	954 455-5100		
Name of	Person	at () Area Code Daytime	Clephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration Secti		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

		10		<u>.</u>
ART	TICLES OF	ORGANIZAT	ION	3 4
	1	OF		ي الم
PG AUSTIN LLC	5 11 EV. C			
(Name of the Lim	(A Florida Limite	pany as it now appears d Liability Company)	on our records.)	*
ha Amialaa af Oomanimaiaa faadhia tii shadt		er i 05/	/19/2021	رم.
he Articles of Organization for this Limited I	Liability Compar	ly were filed on		and assigned
orida document number L21000231969	 '			
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited lie	hility compony ho	ra:	
	or the minted ha	ibility company her	<u>.e</u> .	
I/A ne new name must be distinguishable and contain the	words "Limited Lie	hility Company " the de	cianation "I I C" as th	a obb-aviation "I I C "
ie new name must be distinguishable and contain the	words Ennited Cia		signation LLC orth	e aboreviation (L.D.C.
nter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STREI	ET ADDRESS)			
nter new mailing address, if applicable:		N/A		
<u> Mailing address MAY BE A POST OFFICE</u>	BOX)			
. If amending the registered agent and/or	registered office	address on our re	cords, <u>enter the n</u>	ame of the new registere
ent and/or the new registered office addre	ss here:			
	\$1/4			
Name of New Registered Agent:	N/A	 		
Name of New Registered Agent: New Registered Office Address:	N/A			
·	N/A	Enter Floric	la street address	
· ——-	N/A		la street address , Florida	
·		City		Zip Cock

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

Title	Name	Address	Type of Action
MGR	SAUL PESTAE	19416 PRESIDENTIAL WAY	
		Miami, FL 33179	□Remove
			🗆 🗆 Add
			🖸 Remove
			□Change
			OAdd
			□Remove
			□Change
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N/A	nation, enter change(s) here: (Aud	en adunional sheets, ij necessal y.,
		
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	<u> </u>	
		
Effective date, if other than th	e date of filing:	(antional)
f an effective date is listed, the date m	ust be specific and cannot be prior to date of block does not meet the applicable stat	(optional) filling or more than 90 days after filling.) Pursuant to 605.0207 (utory filling requirements, this date will not be listed as t
record specifies a delayed effect d is filed.	ve date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
June 7	2021	
Pated		
Jaime Pesate		
Jaime Pesate —9581c28F8F6F41A.	Signature of a member or authorized rep	resentative of a member
Jaime Pesate, M	·	
Jaime resace, M		
	Typed or printed name of	of signee