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Division of Corporations Fax Number : (850)617-6383

from:

Account Name : PGTENCIANO CPA LLC Account Number : 120230000170 : (497)413-2411 Phone Fax Number : (407)641-9288

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P&L RE HOLDINGS LLC

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T. LEMIEUX DEC 19 2023

Enclosed is a check for the following amount:

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Mailing Address:
Registration Section
Division of Corporations
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

P&L RE HOLDINGS LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) amited Liability Company)	
•		
The Articles of Organization for this Limited Liability Con	mpany were filed on and assigned	
L21000257725		
Florida document number L21000257725	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
D. If ownerding the registered agent and/or registered	office address on our records, enter the name of the new registered	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Floatings.	Enter Florida street address	
	, Florida	
	City Zip Code ·	
New Registered Agent's Signature, if changing Registered	Agent:	
provisions of all statutes relative to the proper and co	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is	
being filed to merely reflect a change in the registered	d 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>	Name	Address	Type of Action
AMBR	TEIXEIRA, MONICA	6965 PIAZZA GRANDE AVE STE 307	≘Add
		ORLANDO, FL 32835	□Remove
			Change
			🗆 Add
			Remove
			Change
			DRemove
			DChange
			□Add
			□Remove
			DChange
			□∧₫₫
			Remove
		•	□Add
			DRemove
			□ Change

if amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	
he record specifies a delayed effective ord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 18	2023
Dated	Signature of a member or authorized representative of a member
	\mathcal{U}
TEIXEIRA, ADALCY	. Typed or printed name of signee

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