## K21000480612

| (Ř                      | lequestor's Name)      |        |
|-------------------------|------------------------|--------|
| (A                      | ddress)                |        |
| (A                      | ddress)                |        |
| (C                      | ity/State/Zip/Phone #) |        |
| PICK-UP                 | ☐ WAIT                 | MAIL   |
| (8                      | Business Entity Name)  |        |
| (C                      | Ocument Number)        |        |
| Certified Copies        | Certificates of        | Status |
| Special Instructions to | o Filing Officer:      |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |
|                         |                        |        |

Office Use Only



400389911194

06/27/22~-01023~-024 ++25.00

7027 JUN 27 AM 9: 22

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| PG Gas LLC<br>SUBJECT:                         |  | ted Liability Company  |   |
|--|--|--|---|
|  |  |  |   |
| The enclosed Articles of A                     | Amendment and fee(s) are sub-                | nitted for filing.   |   |
| Picase return all correspon                    | ndence concerning this matter t              | o the following:   |   |
|  | Asif Abdullah Kutubi                         |  |   |
|  |  | Name of Person   |   |
|  | PG Gas LLC                                   |  |   |
|  |  | Firm/Company   |   |
|  | 8267 Free Avenue                             |  |   |
|  |  | Address  |   |
|  | Jacksonville FL 32211-793                    | 6  |   |
|  |  | City/State and Zip Code  | <del></del>   |
|  | shellpgfl@gmail.com                          |  |   |
|  | E-mail address: (                            | to be used for future annual report notif                                | fication)   |
| For further information c                      | oncerning this matter, please ca             | all:   |   |
| Asif Abdullah Kutubi                           |  | 863 521-8057   |   |
| Name o   | f Person                                     | at ()<br>Area Code Daytim  | e Telephone Number  |
| Enclosed is a check for the                    | he following amount:                         |  |   |
| ■ \$25.00 Filing Fee                           | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre<br>Registration<br>Division of C | Section<br>Corporations                      | Street Address:<br>Registration Se<br>Division of Con<br>The Centre of 7 | rporations  |
| P.O. Box 632<br>Tallahassee,                   |  |  | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

PG Gas LLC

2022 JUN 27 AM 9: 22

| 1.4   | Liability Company as it now appears on our records.)  |
|---|---|
| (\text{\tiny{\tiny{\tiny{\text{\tiny{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\titil\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\tiny{\titil\tiny{\tiny{\tiny{\titil\tiny{\titil\tiny{\titil\titit{\text{\tiny{\text{\text{\text{\text{\text{\text{\tiny{\titil\titil\titil\titil\titit{\text{\text{\tiin}\titil\tiil\titil\titil\titil\titil\titil\titil\titil\titil\tiil\titil\tiil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\titil\tiil\tii\tii | Liability Company as it now appears on our records.) Florida Limited Liability Company)  TALLAHASSEF. L |
| he Articles of Organization for this Limited Liab   | oility Company were filed on 01/03/2022 and assigned  |
| orida document number L21000480612  |   |
|   |   |
| his amendment is submitted to amend the follow  | ang:  |
| . If amending name, enter the new name of the   | he limited liability company here:  |
| WA  |   |
| ne new name must be distinguishable and contain the word  | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                      |
| nter new principal offices address, if applicab   | ole: N/A  |
| Principal office address MUST BE A STREET.  | ADDRESS)  |
|   |   |
|   |   |
| nter new mailing address, if applicable:  | N/A   |
| Mailing address MAY BE A POST OFFICE BO   | <u> </u>  |
| Hanning address MATT BE ATT OUT OF THOSE IX   |   |
| runing diaress siril BL 111 001 01 110B B.  |   |
|   |   |
| . If amending the registered agent and/or reg   | gistered office address on our records, enter the name of the new regin                                 |
|   |   |
| . If amending the registered agent and/or reg<br>gent and/or the new registered office address  |   |
| . If amending the registered agent and/or reg<br>gent and/or the new registered office address<br>Name of New Registered Agent:   | <u>here</u> :   |
| . If amending the registered agent and/or reg<br>gent and/or the new registered office address  | <u>here</u> :   |
| . If amending the registered agent and/or reg<br>gent and/or the new registered office address<br>Name of New Registered Agent:   | N/A   |

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address               | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| MGR          | MD Alam Wohidul | 31 1/2 N 6th St Apt 7 | <b>∃</b> Add   |
|              |                 | Haines City Fl 33844  | □Remove        |
|              |                 |                       |                |
|              |                 |                       | □Add           |
|              |                 |                       | □Remove        |
|              |                 |                       | □Change        |
|              |                 |                       | \ \ \ \ \_Add  |
|              |                 |                       | Remove         |
|              |                 |                       | Change         |
|              |                 |                       | □Add           |
|              |                 |                       |                |
|              |                 |                       | ☐ Change       |
|              |                 |                       | □Add           |
|              |                 |                       | Remove         |
|              |                 |                       | □Change        |
|              |                 |                       | □Add           |
|              |                 |                       | □Remove        |
|              |                 |                       | □Change        |

|   | <del> </del>                               |                                     |                    | <u> </u>                               | <u></u>           |                             |                |
|---|--|-------------------------------------|--------------------|--|-------------------|-----------------------------|----------------|
|   |  |                                     |                    |  |                   |                             |                |
|   |  |                                     |                    |  |                   |                             |                |
|   |  |                                     |                    |  |                   |                             |                |
|   |  | <del>.</del>                        |                    |  |                   |                             |                |
|   |  |                                     |                    |  |                   |                             |                |
|   |  |                                     |                    |  |                   |                             |                |
|   |  |                                     |                    |  | رم.               | 202                         | •              |
|   |  |                                     |                    |  | <del>===</del>    |                             | سهدت،          |
|   |  |                                     |                    |  | <del></del>       | Z                           | - <del></del>  |
|   |  |                                     |                    |  | KHAS              | 27                          | ij<br>Ij       |
|   |  |                                     |                    |  | <u></u>           | F                           |                |
|   |  | <del></del>                         |                    |  | <u>स्मान</u><br>च | _ <u>.</u>                  |                |
|   |  |                                     |                    |  | -:                | 22                          |                |
| <del></del> -   |  |                                     |                    |  |                   |                             |                |
|   |  | <del></del>                         | <u> </u>           |  |                   |                             | •              |
|   |  |                                     |                    | <del></del>                            |                   |                             | -              |
|   |  |                                     |                    |  |                   |                             | -              |
| <del></del>   | _  |                                     |                    |  |                   |                             |                |
|   |  | <u> </u>                            | <del>.</del>       |  |                   | <u> </u>                    | -              |
| fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department. | specific and cannot be does not meet the a | prior to date of<br>pplicable statt | filing or more the | (option 90 days after fairements, this | iling.) Purs      | suant to 60:<br>not be liss | 5.020<br>ted a |
| ecord specifies a delayed effective d<br>is filed.  | ate, but not an effect                     | ive time, at 12                     | :01 a.m. on the    | earlier of: (b)                        | The 901           | th day afte                 | er the         |
| June-16-2022  | , 2022                                     |                                     |                    |  |                   |                             |                |
| 1 1   | gnature of a member or                     |                                     |                    |  |                   |                             |                |