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COVER LETTER

TO:	Registration Secutivision of Corp	tion orations		,
		ANAGEMENT, LLC		
SUBJE	CT:	Name of Limite	ed Liability Company	
The end	losed Articles of A	amendment and fee(s) are subm	nitted for filing.	
		idence concerning this matter to		
		RHONDA REED		
			Name of Person	
		CPA BUSINESS ADVISOR	RS, INC.	
			Firm/Company	
		PO BOX 372425		
			Address	
		SATELLITE BEACH, FL	32937	
			City/State and Zip Code	 -
		BILLS@CPABUSINESSAL	OVISORS.COM o be used for future annual report not	ification)
For fu	rther information c	E-mail address: (t oncerning this matter, please ca		me aton)
RHONDA REED			321 593-0925	
	Name o	f Person	at ()	me Telephone Number
Enclos	sed is a check for t	he 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 Addre Registration		Street Address: Registration S	
	Division of O	Corporations	Division of Co The Centre of	
	P.O. Box 63 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PGCIUD Manage (Name of the Limited Liability Com (A Florida Limite	d Liability Company)	 /
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/22/2021	and assigned
Florida document number L21000532141		29
This amendment is submitted to amend the following:		2921 AHC -4
A. If amending name, enter the new name of the limited li	ability company here:	*
PG CLUB HOLDINGS, LLC		-
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI	.C" or the abbreviation "EMC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1290 W EAU GALLIE E MELBOURNE, FL 329	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ada	tress
·		
·		FloridaZip Code

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
			□Remove
			□Add
			🗀 Remove
***			□Add
			Remove
			Change
			□Add
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E. Effe	etive date, if o effective date is li	ther than the	date of fili	ng:		at filian as a	we than 90 d	(optiona	l) 12. i Pursuant i	o 605.020
Vate	 If the date in: 	erted in this blo	ek does not	i meet the ap	oplicable st	annory filin	g requireme	nts, this da	te will not b	e listed a
docu	ment's effective	date on the De	partment of	State's rec	ords.					
	ord specifies a o	lelayed effective	date, but n	ot an effecti	ve time, at	12:01 a.m.	on the earlie	r of: (b)	The 90th day	after th
record is	filed.		_							
	rd			2022						
D	:db		_/	_ `		$\overline{}$				
Date		/		· /						

Filing Fee: \$25.00

Typed or printed name of signee