

h22 0000 69282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

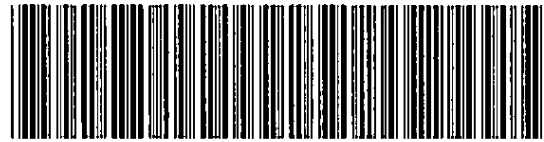
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22 NOV -4 PM 4: 49  
DIVISION OF CORPORATIONS

**COVER LETTER**

Department of State  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: PFR INVESTMENTS OF SW FL, LLC  
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

<input type="checkbox"/> \$35.00 Filing Fee	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$52.50 Filing Fee, Certified Copy & Certificate of Status
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**ADDITIONAL COPY REQUIRED**

22 NOV - 4 PM 4: 49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: Joseph Reyes  
Name (Printed or typed)

3350 Jarvis Rd.  
Address

Cape Coral FL 33993  
City, State & Zip

239-699-9659  
Daytime Telephone number

reyeshome@construction@outlook.com  
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2022

JOSEPH REYES  
3350 JANIS RD  
CAPE CORAL, FL 33993

SUBJECT: PFR INVESTMENTS OF SWFL, LLC  
Ref. Number: L22000069282

22 NOV - 4 PM 4: 49  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

We have received your document for PFR INVESTMENTS OF SWFL, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 722A00022052

NOV - 4 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PFR INVESTMENT OF SWFL, LLC  
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:

OSMARIA REYES  
Name of Person

PFR INVESTMENT OF SWFL, LLC  
Firm/Company

3350 Janis Rd.  
Address

Cape Coral FL 33993  
City/State and Zip Code

osreyes4@aol.com  
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

OSMARIA REYES at ( 239 ) 699-9659  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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  
OF

PFIR INVESTMENTS OF SWFL, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 2-10-22 and assigned Florida document number L22000069282.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 NOV - 4 PM 4:49  
OFFICE OF THE CLERK OF THE  
COURT OF THE 11TH JUDICIAL CIRCUIT

**B. If amending 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:

OSMARA REYES

New Registered Office Address:

3350 JANIS RD

Enter Florida street address

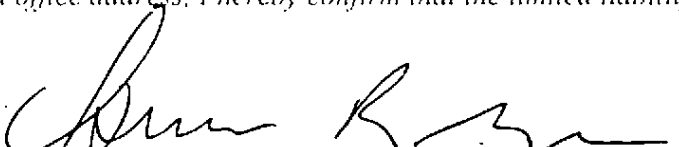
Cape Coral  
City

Florida

33993  
Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

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 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>	<u>Address</u>	<u>Type of Action</u>
MANAGER	Joseph Reyes	3350 Janis Rd.	<input type="checkbox"/> Add
		Cape Coral FL 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	OSMARIA REYES	OSMARIA REYES	<input checked="" type="checkbox"/> Add
		3350 Janis Rd	<input type="checkbox"/> Remove
		Cape Coral FL 33993	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION OF CONSUMER PROTECTION  
 22 MAY -4 PM 4:19

