## L22000239148

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

Office Use Only



900406832619

2023 APR 18 AM 10: 33

A. RIVERS

JUN - 4 2023

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	PG Collision Car	~ IIC	
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jhoc	anny T Grater	10
	PG_	Collision Carl Firm/Company	LLC
	551	Huffstetter Dr Address	Apt 6106
	Eus	5115, FL 32726 City/State and Zip Code	<del></del>
	Utmq E-mail address	272 Qamail.  to be used for future annual rep	ort notification)
For further information co	oncerning this matter, please ca		
Jhoon Name of	ny Graterol	at ( 352 ) 2	17 - 0503 Daytime Telephone Number
			•
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	<u>Street Addr</u> Registratio	on Section
Division of Co P.O. Box 632	-		of Corporations e of Tallahassee
Tallahassee, F			Ionroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PG Collision Car			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000239148</u> .	were filed on 05/23/2022	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil			
PG Center Services The new name must be distinguishable and contain the words "Limited Liabili		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:		<del></del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	ame of the pew	registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address	AM 10: 3	
<del></del>	, Florida _	Zip Code	
	····	229 0	

## 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 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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
-		<del></del>	□Add
			□Remove
			□Change
			□Add
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u> 1	tive date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	April 5 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee