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

Office Use Only



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C/ 10/31/2022

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	
PLEASE USE FUNDS FROM THIS AUTHORIZATION SIGNATURE: _GROUP PMTGCG DISTRIBUTION BUSINESS (Name)	ACCOUNT: 120210000160 AMOUNT: \$25.00 Jaun Full L22000353464 Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Organization	n (please stamp each page)
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability	X Amendment Resignation of R.A. Officer/Direc Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other CORP	Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement Statement of Authority
APOSTIL()	Other
·	

* FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:_____

COVER LETTER

TO:

	Registration Sec Division of Corp			
oim in c		TGCG DISTRIBUTION LLC		
SUBJEC	::	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter (to the following:	
		Mike Witt		
			Name of Person	
		Sam Afra PC		
			Firm/Company	
		2910 N Federal Highway		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Boca Raton, Florida 33431		
			City/State and Zip Code	
		mike@afrapc.com		
		E-mail address: (to be used for future annual report notification)	
For furth	her information co	oncerning this matter, please ca	all:	
Mike W	^r itt		332 400-7633 at ()	
	Name of	f Person	Area Code Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:		
\$25	.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	Mailing Address		Street Address: Registration Section	
	Registration S Division of C		Division of Corporations	
	P.O. Box 632	•	The Centre of Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 8	:10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 (1. 28 77 1: 39

GROUP PMTGCG DISTRIBUTION 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 8/11/2022	and assigned	
Florida document number L22000353464			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2910 N Federal Highway Suite D Boca Raton, Florida 33431		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	2910 N Federal Highway Suite D		
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, Florida 33431		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florid		
	City	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 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
AR	Sam Afra	2882 N Federal Highway	□Add
		Boca Raton, Florida 33431	⊠ Remove
			□Change
MGR	Paul Orena	2910 N Federal Highway Suite D	= Add
		Boca Raton, Florida 33431	□Remove
			□Change
			⊡Add
			□Remove
			□Change
 			□Add
			ПRетоve
			Change
			□Add
			ПRстоve
			□ Change

				
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mus	t be specific and cannot be pri	or to date of filing or mo	ore than 90 days after filing.)	Pursuant to 605.0207
lote: If the date inserted in this blocument's effective date on the De	ock does not meet the appi enartment of State's record	ncable statutory ming	g requirements, this date v	VIII not be listed as
ordinent 3 circuit c date on 210 S	opa mem or other a reserv			
			a care	000 1 - 0 - 1 -
record specifies a delayed effective is filed.	e date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) I he	90th day after the
1 is med.				
October 28	2022			
October 28		·		
200_		76	ata member	
20	Signature of a member or au	thorized representative	of a member	
Paul Orena	Signature of a member or au	thorized representative	of a member	

Filing Fee: \$25.00