## L22000526576

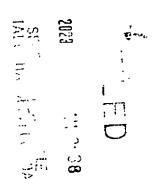
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Special Instructions to F	iling Officer:	





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## **COVER LETTER**

TO: Registration Section

Division of Co			
SUBJECT: PNG CAP	ITAL VENTURES, LLC Name of Lim	ited Liability Company	<u> </u>
	Amendment and fee(s) are sub ondence concerning this matter		
	TRACEY D PORTER		
	· <del></del>	Name of Person	
	PNG CAPTIAL VENTUR	ES. LLC	2028 SIX
		Firm/Company	
	124 TELFORD DR		
		Address	
	JACKSONVILLE, FLORI	DA 32259	28 28
		City/State and Zip Code	79
	TDPORTER294@GMAIL.		
		to be used for future annual report not	dication)
For further information	concerning this matter, please c	all:	
HLL CORP		904 551-4006 at ( )	
Name	of Person		ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.</u> )	
The Articles of Organization for this Limited Liability Company  Horida document number 1.22000526576	were filed on 12/15/2022	· · · · · · · · · · · · · · · · · · ·	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
			20
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbres	iation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	(
		3.	1 1 1
		:	, 0
Inter new mailing address, if applicable:			() <b>စာ</b>
Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		
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	<u> </u>		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	<u>he name o</u>	the new regi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		<u> </u>
	Flo	rida	
-	City		Zip Code

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

PNG CAPITAL VENTURES, LLC

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	PNG HOLDINGS	124 TELFORD DRIVE	
		ST JOHNS. FL 32259	■ Remove
			□Change
			□Add
			□Remove
			Change
			AS BOAdd
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Tective date, if other than the come effective date is listed, the date must lote: If the date inserted in this blocked ment's effective date on the Department's effective date on the Department.	be specific and cannot be prior ck does not meet the application.	able statutory filing requir		
record specifies a delayed effective is filed.	date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th	n day after the
JANUARY 5	. 2023	<del></del> ·	<u> </u>	
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S	Tracey T	orized representative of a men	mber	