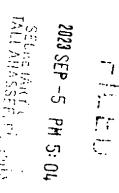
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Office Use Only



COVER LETTER

Registration Section

TO:

Division of Cor	porations	, •	•
SUBJECT: Pi	ne Grove Ent	erinses LLC	· -
	Name of Lim	ited Hability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		<u>-</u>	
•	Č	•	
	Stacey Roberts		
		Name of Person	14777 - 7 · ·
	Pine Grove Enterprises, L	LC	
	of Amendment and fee(s) are submitted for tiling. spondence concerning this matter to the following: Stacey Roberts Name of Person Pine Grove Enterprises, LLC Firm/Company 2086 Tinker St Address Port Charlotte, FL 33948 City/State and Zip Code pinegroveconsulting@gmail.com E-mail address: (to be used for future annual report notification) nt concerning this matter, please call: at (
	2086 Tinker St		
		Address	
	Port Charlotte, FL 33948		
		City/State and Zip Code	- · · · ·
	, -		-
			infication)
For further information c	oncerning this matter, please c		
Stacey Roberts		at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			ection
P.O. Box 632	27	The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pine Grove Enterprises, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L23000327023	were filed on 6/1/2023	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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	₩.
Enter new principal offices address, if applicable:	. <u></u>	2023 SEU
(Principal office address MUST BE A STREET ADDRESS)		SE SE
Enter new mailing address, if applicable:		31 or F
(Mailing address MAY BE A POST OFFICE BOX)		, 0
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 name of the new registere
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida stree	t address
-		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapter	ties, and I am familiar with and r605, F.S. Or, if this document is

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
MGR	Robin Roberts	2086 Tinker St, Port Charlotte, FL 33948	
			□Remove
			□ Change
	 		🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
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			∏Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. The 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 distribution of the specifies and the specifies are specified as the spe	ffective date, if other than the date of filing:			·
ffective date, if other than the date of filing:	ffective date, if other than the date of filing:			
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. The 90th day after the filed. State Sta	ffective date, if other than the date of filing:			
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Fective date, if other than the date of filing:	Fective date, if other than the date of filing:		<u> </u>	
Fective date, if other than the date of filing:	Fective date, if other than the date of filing:			
Fective date, if other than the date of filing:	Fective date, if other than the date of filing:			
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Fective date, if other than the date of filing:	Fective date, if other than the date of filing:		L	2023
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Filing Fee: \$25.00