L23000487585

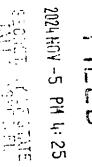
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000439127400

11/05/24--01024--021 **30.00



Some

COVER LETTER

Division of Cor		•		
cupurer PG Ventu	ires Group, LLC			
SUBJECT: Ter venu		ited Liability Company		
	Amendment and fee(s) are sub			
Please return an correspo	indence concerning this matter	to the following.		
	Darren Gryniuk			
		Name of Person		-
	PG Ventures Group, LL	.c		
		Firm/Company		_
	5940 Bahia Honda Way	/ N		_
		Address		
	St Pete Beach, FL 3370			70241 53
	darren@pgventuresgroup.cc	City/State and Zip Code om		HOV-5 PM
	E-mail address: (to be used for future annual report notifi	cation)	5 7
For further information c	oncerning this matter, please ca	all:		2024 HOV -5 PM 4: 2:
Darren Gryniuk		at (703) 338-9911		<u>in</u> 01
Name o	f Person	Area Code Daytime	Telephone Numbe	T
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres		Street Address: Registration Sect	tion	
Registration Section Division of Corporations		Division of Corp		
P.O. Box 632		The Centre of Ta	ıllahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	; as it now appears on our recordibility Company)	$\frac{dx}{dx}$
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000487585</u> . This amendment is submitted to amend the following:	rere filed on <u>10-25</u> -	2023 and assigned
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" 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)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	388
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro-	erformance of my duties, a	nd I am familiar with and

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>	Address 28635 Avenue Vendome Oak Brook, IL 60523	Type of Action
AMBR	Saurabh Dharia	Oak Brook, II. 60523	■Add
			□Remove
			□Change
AMBR	Amanda Aggarwal	1819 Princess Cir Naperville, IL 60564	≡ Add
			□ Rетюче
			□Change
		 	□Add
			Петюve
			□ Change
			□ Add
		<u>.</u>	□Remove
			□Change
	.		□Add
			□Remove
			☐Change
			□Remove
			□Change

	<u> </u>	
		
 .		
-		
Note: If th	date, if other than the date of filing:	0207 d as
he record spo ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
	10-31-24	
Dated		
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00