

L24 000046388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

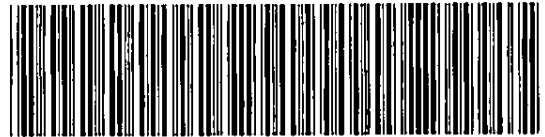
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 29 AM 9:35  
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SECRET, FL

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2024 JAN 29 PM 4:51  
ALLAHABAD, INDIA

S. HUNT  
2/28/24

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DR  
TALLAHASSEE, FL 32309  
(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:** *Jan Keller*

<b>BUSINESS NAME</b>	<b>DOCUMENT #</b>
<b>PG MARKETING LLC</b>	<b>L24000046388</b>

☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ LLLP  
☐ CORP  
☐ Other

**AMENDMENTS**

☒ **X** **Amendment**  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Articles of Conversion  
☐ Restated Articles of Incorporation  
☐ Statement of Authority

**APOSTILLE(s)**      **&**      **OTHER FILINGS**

<input type="checkbox"/> Apostille	<input type="checkbox"/> Foreign Filing
<input type="checkbox"/> Country	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Qualification
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Other

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FL  
JAN 11 9 AM 9:35

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PG MARKETING LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP GOLDENBERG

\_\_\_\_\_  
Name of Person

PG MARKETING LLC

\_\_\_\_\_  
Firm/Company

1575 JEFFREY COURT

\_\_\_\_\_  
Address

LARGO, FL 33771

\_\_\_\_\_  
City/State and Zip Code

goldenberg.philip@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

STATE  
TALLHASSEE, FL

2007 JUN 13 AM 9:35

For further information concerning this matter, please call:

PHILIP GOLDENBERG

727 638-8201  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PG MARKETING 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 01/24/2024 and assigned  
Florida document number L24000046388.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	PHILIP GOLDENBERG	1575 JEFFREY COURT, LARGO, FL 33771	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2020 JUN 17 10:35 AM  
STATE OF FLORIDA  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2011 04 29 AM 9:36  
STATE  
MISSISSIPPI

STATE OF FLORIDA  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated \_\_\_\_\_,

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

PHILIP GOLDENBERG

Typed or printed name of signee

**Filing Fee: \$25.00**