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COVER LETTER

TO: **Registration Section Division of Corporations**

PTLCG, LLC

SUBJECT: _____

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:

	Alberto Rodriguez, Esq.			_
		Name of Person		
	Dom Law, PA			
		Firm/Company	<u> </u>	<u></u>
	1814 N 15th Street			
		Address		
	Tampa, FL 33605			767-FEB 14
		City/State and Zip Code		
	Alberto@DomLaw.com			· • • • • • • • • • • • • • • • • • • •
	E-mail address: (to be used for future annual report notif	ication)	- - - - - - - - - - - - - - - - - - -
For further information c	concerning this matter, please c	all:		. ~
Alberto Rodriguez, Esq.		813 867.4796		2:05
Name of Person		Area Code Daytime	: Telephone Numbe	er
Enclosed is a check for t	he 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 &
<u>Mailing Addres</u>		Street Address:	u an	
Registration Section Division of Corporations		Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 02/07/2024	and assigned
Florida document number <u>1.24000069598</u> .	
This amendment is submitted to amend the following:	

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

PTLCG LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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) P.O. Box 1974

St. Petersburg, FL 33731

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Florida street address
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 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>	Name	Address	Type of Action
			🗆 Adđ
			Remove
		- <u></u>	🗆 Change
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			Change
	<u>-</u>		🗆 Add
			Remove
			□Change

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

*NOTE: Company name is being amended simply to remove the comma after PTLCG.

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E. Effective date, if other than the date of filing: ______(optional) (It 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	2024	
\mathbf{X}		
$ \land $	Signature of a member or authorized representative of a member	
Philip T. Lazzara		
	Typed or printed name of signee	