Florida Department of State

Bivision of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Support@eflatinaccounting. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PGAG DEVELOPMENT LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 2 4 2024

COVER LETTER

TO: Registration S Division of Co			
	EVELOPMENT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
tion seeding	DIEGO FIGUEROA		
	<u></u>	Name of Person	· •
	E & F LATIN GROUP L	LC	
i.c		Firm/Company	
5 3 85.	1820 N CORPORATE LA	AKES BLVD SUITE 109	
		Address	· · -
	WESTON FL 33326		
		City/State and Zip Code	
	DIEGO@EFLATINACC		
For further information	E-mail address: concerning this matter, please c	to be used for future annual report notification)	
	concerning this matter, please c		
DIEGO FIGUEROA		954 384 8565 at ()	
. Name o	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclused)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Tallahasses 2415 N. Monroe Street, S	

Tallahassee, FL 32303

230

ARTICLES OF AMENDMENT



Par		T	0	200.	
	ART	TICLES OF C	ORGANIZATION	SECRETARY 4: 33	
<u> </u>	,	O	F	TALLAHASSEE, FLORID,	
المثار				TALLAHASSE OF	
	PGAG DEVELOPMENT LLC				
٠.	(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as It now appears on ou Liability Company)	r records.)	
• .•	:		DA (2.5./202	4	
	rticles of Organization for this Limited I	Liability Company	were filed on	and assigned	
Florid	a document number L24000194362	,			
This a	mendment is submitted to amend the fol	lowing.			
		J			
A. If:	umending name, <u>enter the new name</u> (of the limited liab	Illty company here:		
• •	1.1				
The nev	w name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1820 N CORPORATE LAKES BLVD STE 109			
(Principal office address MUST BE A STREET ADDRESS)		WESTON, FL 33326			
	:				
No. Enter	new mailing address, if applicable:		1820 N CORPORATE	LAKES BLVD STE 109	
(Muiling address MAY BE A POST OFFICE BOX)		WESTON, FL 33326			
[194 talli	ing unuress MAT DE ATOST OFFICE	<u>. BUA)</u>			
					
B. Ita	umending the registered agent and/or	registered office :	address on our records	enter the name of the new registered	
	and/or the new registered office addre		address on our records	the name of the new registered	
٠,	a 25				
	Name of New Registered Agent:	E & F LATIN	GROUP, LLC		
		1820 N CORPO	ORATE LAKES BLVD S	TF 109	
	New Registered Office Address:	-	Enter Florida street address		
•		WESTON			
			City	, Florida 33326 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.

Siegs Figueroa

If Changing Registered Agent, Signature of New Registered Agent

17 : 1425

; ;

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	<u>Address</u>	Type of Action
<u>AM</u> BR	' ALARCON, PEDRO G	1820 N CORPORATE LAKES BLVD STE 109	
		WESTON, FL 33326	MRemove
			\equiv Change
AMBR	JAIMES, MARIA M	1820 N CORPORATE LAKES BLVD STE 109	= Add
		WESTON, FL 33326	□Remove
			(I) Change
- .			□Add
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If the date inserted in this l	block does not meet the ar	oplicable statut	ory filing require	ements, this date wi	ll not be li
nent's effective date on the l	Department of State's reco	uras.			
d specifies a delayed effecti	ive date but not an offecti	ive time at 12:	Olam on the or	velice of the The C	Mh day af
led.	ive date, but not all effecti	ive time, at 12.	or a.m. or me ca	irner or. (b) The s	ann day ar
JUNE 21	, 2024				
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	Signature of a member of	authorized repre	esentative of a men	aber	
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Filing Fee: \$25.00

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