M2100000 1340

| (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: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: PWG CONSULTING LLC Name of Foreign Limited Liability Company |
| Dear Sir or Madam: |
| The enclosed application, certificate and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| William E. CRUZ Name of Person |
| PWG Consulfing LLC Firm/Company |
| 3518 Cherry H:11 De. |
| Orland Fl 32822 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: □\$25 Filing Fee □\$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears | on the records of the Florida De | partment of |
|---|---|--|
| State: PWG Consulfing La | | |
| Enter new principal office address, if applicable: | | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | WA | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | M | |
| 2. The Florida document number of this limited lia | pility company is: M21 | 000001340 |
| 3. Jurisdiction of its organization: | Rico | |
| 4. Date authorized to do business in Florida: | Jan 29, 2021 | |
| SECTION II (5-9 complete only the applicable of | | |
| 5. New name of the limited liability company: (must | contain "Limited Liability Comp | pany, ""L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C | aging members adopting the alte | siness in Florida and attach a mate name. The alternate name |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office ac | d officer address on our records, dress here: | enter the name of the new |
| Name of New Registered Agent: | - A | |
| New Registered Office Address: | MAT | |
| | Enter Florida | Street Address |
| | City | _, Florida Zip Code |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the | gistered Agent: at and agree to act in this capacit and complete performance of my ered agent as provided for in Cha in the registered office address, I is change. | y. I further agree to comply with duties, and I am familiar with apter 605, F.S. Or, if this |

| 8. If the amend | ment changes person, title or capacity in acc | ordance with 605.0902 (1)(e), indicate that cha | ngo: members |
|-----------------|--|--|-----------------|
| Title/ Capacity | have/Show "AMB | R' on me with Sui | 16, 2.09 |
| | | 3518 Cherry 1/11 Drive Orlando, Fr 32822 | |
| BR | Georg L. CRUZ | 1485-1 Avenida Ashford Apt. 18D San Juan, PR 00 | Fo FAdd "A |
| | O | The contract of the contract o | ⊡Remove |
| | | | □Add |
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| aforementio | a certificate, if required: no more than 90 daned amendment(s), duly authenticated by thunder the law of which this entity is organized. | ne official having custody of records in the zed. | □Remove |
| | Signature of the | e authorized representative | |

Filing Fee: \$25.00