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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PG USA HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2023 MAR 24 PM 2:55
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAR 24 PM 5:35
PG USA HOLDING LLC

**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 Department of

State: PG USA HOLDING LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M23000001605

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 02 07 2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida

City

_____, 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Wyoming

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>CENOS, PABLO JAVIER</u>	<u>MONTEVIDEO 847</u>	<input type="checkbox"/> Add
		<u>BAHIA BLANCA PROVINCIA DE BUENOS AIRES 8000 AR</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>GOYANARTE, GONZALO</u>	<u>MARTINIANO RODRIGUEZ 2248</u>	<input type="checkbox"/> Add
		<u>BAHIA BLANCA PROVINCIA DE BUENOS AIRES 8000 AR</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>BIG ED LLC</u>	<u>7901 4th St N STE 300</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL 33702</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>ABCITY LLC</u>	<u>7901 4th St N STE 300</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL 33702</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Robin Jones

Signature of the authorized representative

ROBIN JONES

Typed or printed name of signee

Filing Fee: \$25.00