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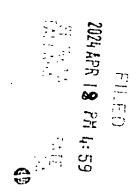
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	P5 Enterpris	ァ CVOUP エトレ ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pame	ola Wa+KinS	, com
		ENTEL PLISE G	
		NEVICUS Blud	
	<u> </u>	water, FL 33 City/State and Zip Code	703
	E-mail address: (WA+Kin57E91 to be used for future annual report noti	mail · Wm dication)
For further information c	oncerning this matter, please ca	aH:	
TGMp1G Name o	WA+KINS Person	at (<u>\$1</u> 3) <u>318</u> Area Code Daytim	re Telephone Number
Enclosed is a check for the	ne 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

PS Ente	PRISE	Group L	20	
(Name of the Limited	Liability Compar Florida Limited L	Croup L nv as it now appears on lability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LOS OVOO</u> 9	oility Company	were filed on <u>57</u>	117/2005	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the design	nation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo B. If amending the registered agent and/or reg agent and/or the new registered office address		_C/Parwo	/	<u> </u>
Name of New Registered Agent: New Registered Office Address:	<u>PGM:</u> 2291 Av <u>Clear</u>	LLG With! NETICUS PM Enter Florida s Water City	Kiff 5 WW W 15 wrees address , Florida	#9 33763
		=		- T

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>	Name	Address	Type of Action
mgr	Pamela Wirtkins	2291 Americus Blud. W	□Add
J		#9	□Remove
		Clearmater, FL 3376	3 Khange
<u>5T</u>	Pamela Watkins	2291 Americus BIND W	□Ađd
		719	□Remove
		Clearwater, FL 3370	13 SChange
			□Add
			□Remove
			🗆 Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

). 11 ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
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Note: If t	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4/15/24 Signature of a member or authorized representative of a member
	Sanda Warkin
	Signature of a member or authorized representative of a member
	Pamela watkins
	Typed or printed name of signer

Filing Fee: \$25.00