

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Document Number)		
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EXAMINER



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COVER LETTER

TO: Registration Division of C					
SUBJECT:	P3 Co	nstruction LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	er to the following:			
		Wade Wilson			
		Name of Person			
		Firm/Company			
1517 W. Garden Street					
·		Address			
	1	Pensacola, FL. 32502			
		City/State and Zip Code			
	peggy(wilsonpayrollgroupinc.com (to be used for future annual report not	m		
			(fication)		
For further information	n concerning this matter, please	call:			
P	eggy Boisseau	at (850)	438-1122		
	e of Person		ne Telephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)		
MA	LING ADDRESS:	STREET/COUR	IER ADDRESS:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	ty Company as it now apper Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Florida document number L10000068060	Company were filed on	June 25,2010	and a	ssign	ed
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the lin</u>	nited liability company he	ere:			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation "LI	.C" or the	e abbr	eviatio
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)		Ĭø.		
			T CS	<u>-</u>	*********
			EM Z	¥	***
Enter new mailing address, if applicable:			SSE YRY	7	CARGO STATE
(Mailing address MAX BE A POST OFFICE BOX)			ر چ	3	TTT
THE PARTY OF THE P	 			-	
				<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	stered office address on dress here:		*-	-	не печ
Name of New Registered Agent:					<u>.</u>
New Registered Office Address:					
	E	nter Florida street addre	33		
		, Florida			
	City		Zip Co	de	

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 608, 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, Skonature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Type of Action

√ Add

Remove

☐ Add ☐ Remove

□ Add □ Remove

☐ Add ☐ Remove

∏Add ∏Remove

MGR = Managing Member

Title Name Address

MGRM Raymond Pearce 1047 San Sabastain Circle
Pensacola, Florida 32506

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		Add Remove
D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
_		-
_		- -
Dated	11-14, 2011	_
	Signature of a member or authorized representative of a member	

Typed or printed name of signee Page 2 of 2

Raymond Pearce

Filing Fee: \$25.00