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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL A. KRASKER, P.A.

Account Number: I20090000078

: (561)801-7312

Fax Number

: (561)515-2939

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

OKrasker (a) Kraskerlaw, com

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3P2, LLC

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COVER LETTER

H14000078097 3

TO;

Registration Section
Division of Corporations

SUBJECT:

3p2, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul A. Krasker

Name of Person

The Law Office of Paul A. Krasker

Firm/Company

501 S. Flagler Drive, Suite 201

Address

West Palm Beach, FL 33401

City/State and Zip Code

pkrasker@kraskerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul A. Krasker

_{.,/}561、515-2929

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H140000780973

3p2, LLC		
(Name of the Limited	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liab	bility Company were filed on August 9, 2013	and assigned
Florida document number L13000112522		
This amendment is submitted to amend the follow	ving:	Maria Barra
A. If amending name, enter the new name of t	the limited liability company here:	8: 05
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	'ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>ox</u>)	
B. If amending the registered agent and/or registered agent and/or the new registered officered.	r registered office address on our records, ice address bere:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City , Flori	ida Zip Code
	2.0	2

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

Page 1 of 3

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No. 0727 P. 4

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

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Paul A. Krasker	501 S. Flagler Drive	■ Adá
		Suite 201	□ Remove
		West Palm Beach, FL 33	401
			A dd
			□ Remove
			□ Remove
			□ Remove
			2014 AAR -2 Remove
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			☐ Remove

D. If amending any other information, o	enter change(s) here: (A	lttach additional shee	ts, if necessary.)	H14000078097 3
		•	•	
	·			
E. Effective date, if other than the date (The effective date must be specific, cannot be puthe date this document is filed by the Florida D	rior to date of receipt or filed di	ate and cannot be more tha	(optional) un 90 days after	
Dated April 1	2014	Λ		
	DE	XT.		
	ure of a member or authorized	Propresentative of a memi	ber	<u> </u>
Paul Baltrun				
	Typed or printed nar	ne of signee		

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Filing Fee: \$25.00

FILED
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