

113 000133452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

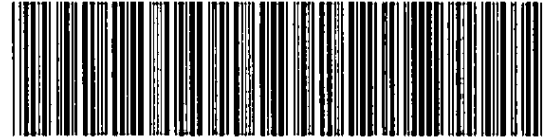
(Business Entity Name)

(Document Number)

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2022 AUG 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 31 AM 11:20

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P2K ENTERPRISE, 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:

Pam Kota

Name of Person

P2K ENTERPRISE, LLC

Firm/Company

8515 Baymeadows Way #401

Address

Jacksonville, fl 32256

City/State and Zip Code

pamkota@pccagents.com

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

For further information concerning this matter, please call:

pam kota

904 3270520
at (_____) _____

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 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**

P2K ENTERPRISE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/20/2013 and assigned Florida document number 46-3688330.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8515 Baymeadows Way #401

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville

FL 32256

Enter new mailing address, if applicable:

8515 Baymeadows Way #401

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville

FL 32256

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2012 AUG 31 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office 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: _____

8515 Baymeadows Way S401

Enter Florida street address

Jacksonville

City

Florida

32256

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

please update all addresses on file to above

please change email address from pamkota@yahoo.com to pamkota@pccagents.com

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/29/2022

Pam Kota

Signature of a member or authorized representative of a member

Pam Kota

PAM KOTA

Typed or printed name of signer