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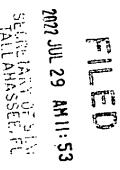
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COVER LETTER

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SUBJEC	T:	Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	um all correspo	ndence concerning this matter	to the following:				
		CYNTHIA S JASKULSK	1				
			Name of Person				
		Name of Limited Liability Company nendment and fee(s) are submitted for filing. ence concerning this matter to the following: CYNTHIA S JASKULSK! Name of Person CJ CERTIFIED BOOKKEEPING SERVICES, LLC Firm/Company PO BOX 355 Address ELLENTON FL 34222 City/State and Zip Code CINDY@CJCERTIFIEDBOOKKEEPINGSERVICES.COM E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (727)					
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. ctum all correspondence concerning this matter to the following: CYNTHIA S JASKULSKI Name of Person CJ CERTIFIED BOOKKEEPING SERVICES, LLC Firm/Company PO BOX 355 Address ELLENTON FL 34222 City/State and Zip Code CINDY@CJCERTIFIEDBOOKKEEPINGSERVICES.COM E-mail address: (to be used for future annual report notification) per information concerning this matter, please call: IIA S JASKULSKI Name of Person Area Code Daytime Telephone Number d is a check for the following amount: con Filing Fee S00.00 Filing Fee & S60.00 Filing Fee, Certified Copy (certificate of Status) Certified Copy (certified Copy (certified Copy) Certified Copy (certified Copy)						
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	Tallahassee, l	FL 32314	2413 N. Moni	roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

P3 LOCKWOOD LLC

2022 JUL 29 AM 11: 53

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) JALLAHASSEE The Articles of Organization for this Limited Liability Company were filed on 09/04/2014 Florida document number L14000138407 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: (Principal office address MUST BE A STREET ADDRESS) **5942 34TH STREET W SUITE 106** Enter new mailing address, if applicable: **BRADENTON FL 34210** (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address _, Florida __ City 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	COLEMAN, PATRICK	PO BOX 1678	□Add
		ANNA MARIA FL 34216	□ Remove
			■ Change
MGRM	COLEMAN, MICHEAL	PO BOX 1678	□ Add
		ANNA MARIA FL 34216	Remove
			Change
MGR	BEALS, KAITLIN	PO BOX 1678	
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