

L14 000138418

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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JUL 29 AM 11:58

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** P4 UNIVERSITY 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:

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)

For further information concerning this matter, please call:

CYNTHIA S JASKULSKI

727 204-4541  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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2022 JUL 29 AM 11:58

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

SECRETARY OF STATE  
TALLAHASSEE, FL.

This amendment is submitted to amend the following:

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

**(Mailing address MAY BE A POST OFFICE BOX)**

BRADENTON FL 34210

\_\_\_\_\_, **Florida**  
City

Zip Code

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COLEMAN, PATRICK	PO BOX 1678	<input type="checkbox"/> Add
		ANNA MARIA FL 34216	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	COLEMAN, MICHEAL	PO BOX 1678	<input type="checkbox"/> Add
		ANNA MARIA FL 34216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEALS, KAITLIN	PO BOX 1678	<input checked="" type="checkbox"/> Add
		ANNA MARIA FL 34216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2022 JUL 29 AM 11:56  
SECONE AIRCRAFT  
TALLAHASSEE, FL

FILED  
2022 JUL 29 AM 11:58  
STONE AVENUE  
TALLAHASSEE FL

(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)

Typed or printed name of signee