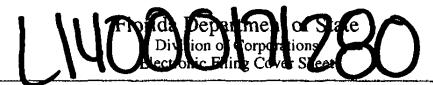
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Note: DO NO	rom this SEC	
To:	Division of Corporations Fax Number : (850)617-6383	FILE AUG 15 DETARY O
From:	Account Name : JP GLOBAL BUSINESS Account Number : I20130000083 Phone : (305)436-0093 Fax Number : (305)436-0094	D 9 11 F STATE F STATE

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P&P POVIDENCE, LLC

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COVER LETTER

TO: Registration Se Division of Cor	ection porations				
	DENCE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	_			
	JOEMILY HERNANDEZ	:			
		Name of Person			
	JP GLOBAL BUSINESS	SOLUTIONS INC			
		Firm/Company			
	1395 BRICKELL AVE ST	TE 13080		SECH SECH	
		Address		AE AG	T
	MIAM1 FL 33131			SSEE SAVE	F
	INFO@JPGBUSINESS.CQ	City/State and Zip Code		M 9	O
		to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all:		32	
JOEMILY HERNANDE	ez.	305 3593700 at ()			
Name o	f Person		Telephone Number	 _	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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P&P POVIDENCE, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000171280	were filed on 11/04/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
P&P PROVIDENCE LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	= <u>S</u>
(Principal office address MUST BE A STREET ADDRESS)	
	第四 6 7
	See 5 [
Enter new mailing address, if applicable:	He H
(Mailing address MAY BE A POST OFFICE BOX)	
Internal Research Internal Designation of the State of th	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida, Florida

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

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MGR = Manager

AMBR = Authorized Member

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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<u>Title</u>	Name	Address	Type of Action
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If the r (b) Th	record specifies a de he 90th day after the	layed effective date, but no e record is filed.	ot an effective time, at 12:0	1 a.m. on the earlie	er of:
Date	08/12/16.		<u> </u>		
		5	J V J J	······································	
		Signature of a member of autr	For Ducition of a member		
		Typed or prin	ted name of signee		

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Filing Fee: \$25.00

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