## L17000205586

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Se Division of Cor				t.
	. CIT	P5 SERVIO	CES LLC	·	
SUBJE	SCI:	Name of Lim	ited Liability Company		<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			JUNIOR PI	ERRE	
			Name of Person	<del>-</del> .	
			Firm/Company		<del>.</del>
			750 NE 141 ST		
			Address		
			NORTH MIAMI, FL, 33	3161	
			City/State and Zip Code		
			EALTHBUILDING23@ to be used for future annual		
For fun	ther information c	oncerning this matter, please c		перои пописа	ionij
		RPIERRE	75 <b>4</b> at ()	221-8589	
	Name of	f Person	Area Code	Daytime Te	lephone Number
Enclose	ed is a check for th	e following amount:			
<b>■</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		□ \$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

	P5 SERVICES LLC 2220 AU	3 14 Pri 4: 54
(Name of the Limited Lia (A Flo	bility Company as it now appears on our r rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L17000205586	y Company were filed on	7 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the I	imited liability company here:	
The new name must be distinguishable and contain the words "l Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	nddress
		, Ftorida
<del></del>	City	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 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>	Address ZJZJALG 11; Pri 4: 51;	Type of Action
MGR	JUNIOR PIERRE	750 NE 141 ST NORTH MIAMI, FL, 33161	\\
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			■Add
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Mantin	e date, if other than the o	8/06/2020
an effec iote: If	tive 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 ack does not meet the applicable statutory filing requirements, this date will not be listed as the
record :	specifies a delayed effective d.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	8/06/2020	10:00 AM
		Signature of a member or authorized representative of a member
		JUNIOR PIERRE
		Typed or printed name of signee