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COVER LETTER

TO: Registration S Division of Co				
P & M Inn	ovations L.L.C.			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	S. Denay Brown, Esq.			
		Name of Person		
	Messer Caparello, PA			
		Firm/Company		
	2618 Centennial Place			77
	· · · · · · · · · · · · · · · · · · ·	Address	12. (6.),	
	Tallahassee, Florida 32308	3		
	dbrown@lawfla.com	City/State and Zip Code	MILANY -9 A II: 2	U
	-	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
S. Denay Brown		850 425-5209 at ()		
Name o	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P & M INNOVATIONS L.L.C.		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our r nited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{2/14/2018}{}$	and assigned
Florida document number L18000041152		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he 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 ADDRES	<u></u>	
		2016
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		PASS TIME
		2
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		cords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
Trem Registered Office Address.	Enter Florida street a	nddress
		, Florida
	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 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>	Address	Type of Action
MGR	Philbert Ford	2009 Miccosukee Road	≅ Add
		Tallahassec, FL 32308	□ Remove
			Change
			□ Add
			□ Remove
			Change
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(If an e	tive date, if other than the date of filing:	iling.) Purs		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a e 90th day after the record is filed.	.m. on t	he earl	ier of:
Date	May 8,2018			

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Typed or printed name of signee

Filing Fee: \$25.00