LISO00177338

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COVER LETTER

TO: Registration So Division of Cor			
Boot Capit	al LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin M Persaud		
		Name of Person	
	Boot Capital LLC		
		Firm/Company	
	13317 SW 206 Terrace		
		Address	
	Miami / FL/ 33177		
	kpersaud207@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information c	oncerning this matter, please c	all:	
Kevin M Persaud		786 459-772	2
Name o	f Person	Area Code Da	ytime 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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addres	
Registration Section Division of Corporations		Registration Division of	Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boot Capital LLC		DEC
(<u>Name of the Limite</u>	d Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number <u>L18000177338</u>		ecords.)
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
P2 Builders LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		
Treespan office manifest in Oly 1723 / 1/197 William		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	(OX)	
		
B. If amending the registered agent and/or reagent and/or the new registered office address		nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
		. 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 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
			□Remove
			[]Change
			ClAdd
			[]Change
			□Add
			□Remove
			□Change
			□Add
			[IRemove
			□Change
			□Add
			□Remove
			□Change
		<u>.</u>	
			[]Remove

. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note:	tive date, if other than the date of filing: (optional) flective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1
	Signature of a member or authorized representative of a member
	Kevin M Persaud Typed or printed name of signee