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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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02/12/24--01018--030 ++25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P-Squared Enterprises, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 11-14-2019	and assigned
lorida document number L19000284291		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	1816 SW 49th Terrace	
Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33914	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
	4117	
		. `
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
con and or the new registered office address fiere.		:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin 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

CUEY->

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>	Type of Action
MGR	Maria Kost	1816 SW 49th Terrace	■Add
		Cape Coral, FL 33914	□Remove
			□Change
			bbA□
			□Remove
			□Change
	 		□ Add
			Remove
			□Change
			□Add
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fective date, if other than in effective date is listed, the date ote: If the date inserted in thi cument's effective date on th	must be specific and s block does not n	l cannot be prior to neer the applicab	date of filing or mo	(option of the control of the contro	onal) tiling.) Pursuant to 605 date will not be list	5.0207 ed as
ecord specifies a delayed effe is filed.	ctive date, but not	an effective tim	e, at †2:01 a.m. o	n the earlier of: (b)) The 90th day afte	r the
Feb 9		2024				
			. •			
/1 <i>/Illi</i>	THUIN IT					
- JAN	Signature of a i	niember or authori	zed representative of	of a member		

Filing Fee: \$25.00