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COVER LETTER

TO: Registration Solivision of Col			
	ional, LLC		
SUBJECT:	Name of Lin	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:	
	Sherly Moroncy		
		Name of Person	
	96 Internati	Wal LUC	
	4714 NW 3rd St.	, maconquity	
		Address	
	Deerfield Beach, FL 3344	2	
		City/State and Zip Code	
	6pmliquors@gmail.com		
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please c	all:	22
Sherly Moroncy		954 598-3316 at ()	
Name o	of Person	Area Code Daytime Telep	hone 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporati	
P.O. Box 632	21	The Centre of Tallaha	issee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P6 International, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/10/2020	and assigned
Florida document number L20000198377		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	<u> </u>	
		1232
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SX
		orida
	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
MGR Veronique Mondesir		550 NE 44TH ST, Deerfield Beach, FL 33064	🗆 Add
			Remove
			□ Change
MGR	Sherly Moroncy	4714 NW 3RD St, Deerfield Beach, FL 33442	■Add
			□Remove
			□Change
			□Add
			ElRemove
			Change 2
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te: If the date inserted in t	n the date of filing: c must be specific and cannot be prints block does not meet the apphe Department of State's record	ior to date of filing or more than licable statutory filing requ		
	fective date, but not an effective		earlier of: (b) The 90th	day after th
ed	2024	<u> </u>		

Typed or printed name of signee