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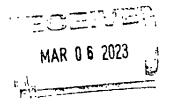
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COVER LETTER

TO: Registration S Division of Co			
	ingineering, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Paul Ramos		
		Name of Person	
	P2 Civil Engineering, LLC	,	
		Firm/Company	
	9526 Argyle Forest Blvd.	Ste B2 #456	
	*** **********************************	Address	
	Jacksonville FL 32222		
		City/State and Zip Code	
	pramos@p2civilengineering		
For forther information		to be used for future annual report notification	
	concerning this matter, please c		
Paul Ramos		661 313-9699 at ()	
Name	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporati The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	assec et, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P2 Civit Engineering, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000260325	were filed on June 4, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1449 Shadow Creek Drive	-
(Principal office address MUST BE A STREET ADDRESS)	Orange Park, FL 32065	6
	<u>.</u>	<u> </u>
	÷	. 7
Enter new mailing address, if applicable:	9526 Argyle Forest Blvd, STE B2, #456-	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32222	=== (
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name</u>	of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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
AMBR	Paul Talbert	1449 Shadow Creek Drive	■Add
		Orange Park, FL 32065	□Remove
			☐ Change
			□Add
			□Remove □Change
			□Add
			Remove
			□Change
			□Remove
			Change
			□Add
			🗀 Remove
			Change
			□ Change

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Signature of a member or authorized representative of a member	ated _			

Filing Fee: \$25.00