## L22000101452

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## **COVER LETTER**

10: Registration Se Division of Co			•	•	
PRP MAN SUBJECT:	AGEMENT LLC AMENDME	NT		. ¥	
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	KAREN PARKS				
		Name of Person			
	PRP2 MANAGEMENT L	LC			
	<u> </u>	Firm Company			
	1312 NEW TOWN AVE				
		Address	<del></del>		
	ORLANDO, FL 32835			20	
		City/State and Zip Code		ر 22 ل	(स्वयंक्रम्
	KJPARKS19@GMAIL.CO		Continu	12 JUN 2 I	
		to be used for future annual report notif	neation)	121 HAS	Same A Parrager
	concerning this matter, please o	all:		SEE SEE	
KAREN Par	ks	at (619) 218.	-3690	AM 10: 27 SEELIL	
Name o	of Person		e Telephone Number	~ <b>7</b>	
Enclosed is a check for t	he following amount:		****		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$ta Certified Copy (additional copy is e	atus &	
Mailing Addre	<u>ss:</u> Santian	Street Address:	dia.		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRP MANAGEMENT LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co	ompany were filed on 2/25/2022	and assigned
Florida document number L22000101452		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
PRP2 MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	<u> </u>
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		2 J!
Enter new mailing address, if applicable:		2022 JUH 2 1 AM
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		图 =
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	Ciņ <sup>.</sup>	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 =	Man	ager	
4.5.61313			

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Add
			ERemove
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Effective date, if other			o date of filing or mor	optiona (optiona	il) ne i Piirsuant to 60	5 0207 (3 <b>Y</b> h
Note: If the date inserte document's effective date	ed in this block does n	ot meet the applica				
ne record specifies a delay ord is filed.	ved effective date, but	not an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day afte	er the
JUNE 4		2022				
Dated						

Typed or printed name of signee