## L22-000 451085

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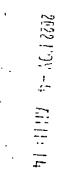
A. RIVERS

JAN 2 5 2023



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## **COVER LETTER**

## Registration Section Division of Corporations

ыест:	P3 PAPER F	PLASTIC PRODUCTS, LLC				
MECT.		Name of Limi	ted Liability Company	<del></del>		
enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.			
ase return	all correspon	dence concerning this matter	to the following:			
		Garry B. Louima, Esq.				
		-	Name of Person			
		First Step Legal Solutions, PLLC				
			Firm/Company			
		7875 NW 57th Street, #254	105			
			Address			
		Tamarac, Florida, 33320				
			City/State and Zip Code			
		Sflemming@p3vi.com				
		E-mail address: (i	to be used for future annual report notific	cation)		
or further is	nformation co	ncerning this matter, please ca	all:			
Garry B. Lo	uima, Esq.		954 225-2990 at ( )			
<del></del>	Name of	Person	Area Code Daytime	Telephone Number		
inclosed is	a check for the	e following amount:				
<b>≘ \$</b> 25.00 I	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 Status & Certified Copy (additional copy is enclosed)		
	iling Address gistration S		Street Address: Registration Sect	tion		
Division of Corporations			Division of Corp	orations		

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

P3 PAPER PLASTIC PRODUCTS, LLC

on "LLC" or th	
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviater new principal offices address, if applicable:  In the new mailing address, if applicable:  In the new mailing address, if applicable:	
- 1	
enter the n	ame of the new regist
t address	
, Florida	
	Zip Code
ty. I further	agree to comply with m familiar with and
	et address , Florida

If Changing Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
iR 	Kameel Lettsome	30190 US HGHWAY 19 NORTH	\( \begin{align*}
		#1229, FL 33761	□ Remove
			□Change
			□ Add
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titive date, if other than the date of filing:  October 19, 2022  (optional)  (iffective 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 605.09;  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.  Out opening 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.  October 29  2022  Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	1	
Signature of a member or authorized representative of a member	<u> </u>	
	Signature of a member or authorized representative of a member	_
Garry B. Louima, Esq.		

Filing Fee: \$25.00