## L23000008051

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## **COVER LETTER**

SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ROBYN LOCASCIO RAMDIN  Name of Person  AHG  Firm/Company  1507 N STATE RD 7 SUITE J  Address  MARGATE, FL 33063  City/State and Zip Code  LICENSING@AHGINSURE.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ROBYN  Name of Person  Name of Person  Name of Person  Daytime Telephone Number	TO: Registration So Division of Con				
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Name of Person Area Code Daytime Telephone Number	ROBYN				
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Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	Division of C	Corporations			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRICE CP1002 LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records ited Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Comp	oany were filed on 01/03/2023	and assigned
Florida document number L23000008051		
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	.iability 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>	2073
		D estimated to the control of the co
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		29 = 1
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		E 80
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	the name of the new registere
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	r.mer v tortaa street address	
	, Flo	rida
	CHY	ыр сош

## 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>	<u>Address</u>	Type of Action
MGR	UMESH D. SINGH	1509 N STATE RD 7	<b>≡</b> Add
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prid does not meet the appl	or to date of filing or mo- icable statutory filing	(optiona e than 90 days after filin requirements, this dat	g.) Pursuant to 60	)5.02 (ted)
record specifies a delayed effective da d is filed.	ite, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) 1		
Pated FEBRUARY 16	. 2023	·		2023 FEB 21	
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Filing Fee: \$25.00