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COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
P31, LLC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angela Harrison		
		Name of Person	
	P31, LLC		
		Firm/Company	
	10551 Great Falls Lane		
		Address	
	Tampa, FL 33647		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	P3 Frealestatemanagement@	· -	
	E-mail address: (to be used for future annual report r	notification)
For further information of	concerning this matter, please c	all:	
Angela Harrison		813 230.3693	
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for the	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)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre o	
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

P31, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L23000118699	were filed on 03/06/2023	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to antend the tonowing.		
A. If amending name, enter the new name of the limited liab	ility company here:	
P31 Real Estate & Property Management Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Trincput office address work in the triangle		
		-3
and the Books		cu (2)
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		्रा -
B. If amending the registered agent and/or registered office	addrage on our records anter t	-
B. If amending the registered agent and/or registered blice agent and/or the new registered office address here:	aduress on our records, emer c	He traine of the fiew registers
Name of New Registered Agent:		
New Registered Office Address:		
The institution of the I town of the I	Enter Florida street address	
	. Flo	rida
	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	
$\Delta MRR =$	Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			🗆 Change
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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			□ Change
			□Add
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			Change
			□Add
			Remove
			Change

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$Q_{4}Q_{2}$	Signature of a member or authorized representative of a member		March 18, 2024
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	Angela Harrison		Signature of A member of authorized corresentative of a member