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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: P3- KUTZ LLC Name of Limited I	
Name of Limited 1	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
	_
Peterly Jean - T	Name of Person
P3_KUTZ, LLC	Firm/Company
1701 tropical	Acive
Lake worth FL	3346 O ty/State and Zip Code
Best-Fades & P3KJZ E-mail address: (to be	ty/State and Zip Code  LUI  used for future annual report notification)
For further information concerning this matter, please call:	
Rebry Feun Liane Name of Person	at (365) 709 898/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	AMENDMENT TO	ري. ب
ARTICLES OF C	ORGANIZATION OF	
P3_KUTZ_LLC (Name of the Limited Liability Comp (A Florida Limited)	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company florida document number $1.23000428103$ .	y were filed on <u>09/13/20</u>	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
P3KUTZ LLC The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		· · ·
New Registered Office Address:	Enter Florida street addr	ress

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
E CCo.	After discussion about the discussion of the dis
(If an e Note	tive date, if other than the date of filing:
the rece cord is	ord specifies 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.
Date	Signature of a member or authorized representative of a member  Peledy Jean - Pierre  Typed or printed name of signee
	Signature of a member or authorized representative of a member
	Keledy Jean-Pierre