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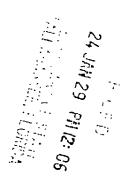
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COVER LETTER

Divi	sion of Cor	porations		
SUBJECT:	PATRICK ?	MANAGEMENT LLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHUCK MOGBO		
			Name of Person	
			Name of Person	
		CHUCK MOGBO, P.A		
			Firm/Company	
		4782 W. COMMERCIAL	BLVD	
			Address	
		TAMARAC, FL 33319		
			City/State and Zip Code	
		cmogbo@bellsouth.net		
		E-mail address; (to be used for future annual report no	otification)
For further in	formation co	oncerning this matter, please ca	all:	
СПИСК МО	GBO		954 739-4669	
Name of Person			at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
Mail	lima Addam		Canana A Lilianan	

Mailing Address: Registration Section Division of Corporations

Registration Section

TO:

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

PATRICK MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	npany were filed on 12/19/2023	and assigned
Florida document number 1.23000557901		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
PATRICK MANAGEMENT GROUP LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered o		er the name of the new registered
agent and/or the new registered office address here:	· —	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lrave
	City	Florida Zip Code
		requirement

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:

<u>or remov</u>	ved from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
		 -	□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
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			12/19/2023			
(If an effe	ve date, if other than to ective date is listed, the date in If the date inserted in this ent's effective date on the	nust be specific and oblock does not me	:	late of filing or more (e statutory filing re	(optional) han 90 days after filing quirements, this date) Pursuant to 605.0207 (3 will not be listed as th
he record ord is file	l specifies a delayed effec ed.	tive date, but not a	n effective time	, at 12:01 a.m. on t	ne earlier of: (b) Th	e 90th day after the
Dated _	01/19		2024			
				-		
				ed representative of a	and the second	

Filing Fee: \$25.00

Typed or printed name of signee

COVER LETTER

10: Registration S Division of Co	Section Orporations					
PATRICK SUBJECT:	MANAGEMENT LLC					
	Name of Lir	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	CHUCK MOGBO					
		Name of Person				
	CHUCK MOGBO, P.A					
		Firm/Company	 _			
	4782 W. COMMERCIAL BLVD					
		Address				
	TAMARAC, FL 33319					
		City/State and Zip Code				
	cmogbo@bellsouth.net	to be used for future annual report notif	 			
For further information of	concerning this matter, please ca		ication)			
CHUCK MOGBO		954 739-4669				
Name o	f Person		: Telephone Number			
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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