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(Requ	uestor's Name)	
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COVER LETTER

Division of Corpor			
SUBJECT:	P Industries	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Ń	Marin V Abayes	
		Mario Y. Chavez Name of Person	
	ゴ	-P Industries L	-C.
		Firm/Company	
	4938	E 11th Aue	
		Address	<u> </u>
	Hial	eah , FL 33013	
		City/State and Zip Code	
-	rariocha E-mail address: (1	LUE 394 PO 9 Moil - com to be tised for future annual report notific	cation)
For further information conc			,
	_	at (<u>786</u>) <u>563</u> - Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
	□ \$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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TD	laduation IIC	10 E
(Name of the Limited I (A I	Jability Company as it now appears on out Torida Limited Liability Company)	ir records.)
	rea en tos	加加州等
-	· · ·	and assigned
Florida document number <u>L24000128</u>	<u>267</u> .	0all 20
This amendment is submitted to amend the following	cles of Organization for this Limited Liability Company were filed on	
The Articles of Organization for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if annlicables		
• • • • • • • • • • • • • • • • • • • •	-	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
		s, <u>enter the name of the new registered</u>
agent and or the new registered office address in	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
_		Florida
	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, <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>	<u>Address</u>	Type of Action
AMBR	Mario Y. Chavez	10360 city center Blud Apt 106 Hollywood FL 33025	X/\dd
			□Remove
			□Change
			□ Add
		□Remove	
		-	□Change
			□Add
		□Remove	
		□ Change	
			□∧dd
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Page 2 of 3

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lf an effec <u>Note:</u> I	tive date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	March 21 2024.
	* 4
	Mario Y. Chavez
	Mario Y. Chave 3 Signature of a member or authorized representative of a member