

M16000005611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600291012216

FILED
RECEIVED
DEPARTMENT OF REVENUE
16 OCT 10 AM 8:24
16 OCT 10 PM 1:50

OCT 11 2016
J. HARRIS

Date: 10/10/2016

Account #: I20000000088

Name: KEN HOWELL

Reference #: T005982

ENTITY NAME: P3 CAPITAL PARTNERS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

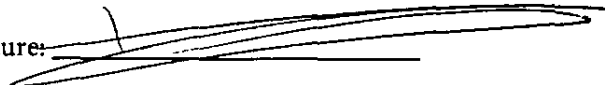
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other: Certified Copy

Authorized Amount: \$ 55.00

Signature: 

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: P3 Capital Partners LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M16000005611

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 13, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Prospequity Partners LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter 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 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

16 OCT 10 AM 8:25

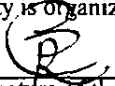
FILED
16 OCT 10 AM 8:25
CLERK OF COURT
JANICE L. BROWN

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Christopher D. Ramonetti

Typed or printed name of signee

Filing Fee: \$25.00

FILED
16 OCT 10 AM 8:25

CLERK OF COURT
JANUARY 10, 2011

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "P3 CAPITAL PARTNERS LLC", CHANGING ITS NAME FROM "P3 CAPITAL PARTNERS LLC" TO "PROSPEQUITY PARTNERS LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF OCTOBER, A.D. 2016, AT 10:33 O'CLOCK A.M.



6094787 8100
SR# 20166132593

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203133096
Date: 10-10-16

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
P3 CAPITAL PARTNERS LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:33 AM 10/10/2016
FILED 10:33 AM 10/10/2016
SR 20166132593 - File Number 6094787

It is hereby certified that:

1. The name of the limited liability company is **P3 Capital Partners LLC** (hereinafter called the "Company"). The filing date of the Certificate of Formation was July 12, 2016.

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:

3. Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

"1. The name of the limited liability company is **Prospequity Partners LLC** (the "Company")."

4. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

5. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 7th day of October, 2016.



Christopher D. Ramonetti,
Authorized Person