## 140015442

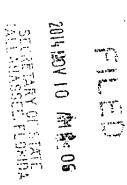
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(	<b>--</b>	,
/D	ocument Number)	
(DC	ocument Number)	l
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		;
<u> </u>		

Office Use Only



400265493824

400265493824 11/10/14--01047--009 \*\*\*30.00



NOV 1 8 2014 T CLINE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pete's C	Name of Limited Liability Company	ì
The enclosed Articles of Amendment Please return all correspondence cond	•	
<u> </u>	Pederson Charles Name of Person	2014 EDV 10 SEGRETARY JALLAHASS
	Firm/Company  33 Park hill dr.  Address	TARY OF SIG
Do -	Werhill Fl. 33417  City/State and Zip Code  the CO re? A Co. 11 O Grand il Co.	
For further information concerning th	E-mail address: (to be used for future annual report notification)  his matter, please call:	
Peterson Ch Name of Person	at (SQ 1) 305-0139  Area Code Daytime Telephone Number	
	0 Filing Fee & \$\sum \$\$55.00 Filing Fee & \$\sum \$\$60.00 Filing Fee & Certificat Copy (additional copy is enclosed) Certified	te of Status &
MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION **OF**

Petes Crazs	1 Grill LL	·
( <u>Name of the Limite</u>	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia		03 14 and assigned
This amendment is submitted to amend the follo	wing:	<b>2</b>
A. If amending name, enter the new name of	the limited liability company here:	ALL AND TO THE STATE OF THE STA
The new name must be distinguishable and end with the v	vords "Limited Liability Company," the designation	
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or the new registered off		ecords, enter the name of the new
Name of New Registered Agent:	Peterson Chan	1eS
New Registered Office Address:	1033 Parkhill Enter Florida street	address
	haverhill city	_, Florida <u>5347</u> Zip Code
New Registered Agent's Signature, if changing R	egistered 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

## Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> **Address** Skipa Charles 1033 Parkhilldr. DAdd haver hill, F1. 33417 \_□'Remove □ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove ☐ Add □ Remove

3> co	201
ffective date, if other than the date of filing: (optional) he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	7011 HOV
the date this document is filed by the Florida Department of State)	V 10
Dated October 31, 2014.	_
	理
Tituesen	· * ·
Signature of a member or authorized representative of a member	en.
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00