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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Divi	ision of Cor			
SUBJECT:	PEACEFU	L ARMANI LLC		
SOBJECT.		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:	
		Alfredo Cabral		
			Name of Person	
		Cabral Accountants and A	ssociates	
			Firm/Company	
		31 SE 5th Street, Suite 312	2	
			Address	
		Miami, Florida 33131		
			City/State and Zip Code	
		ac.cpa@live.com	to be used for future annual report noti	Fraction)
For further in	nformation co	oncerning this matter, please ca	·	incation)
Alfredo Cab	ral		305 926 - 5724	
	Name of	Person	Area Code Daytim	e 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEACEFUL ARMANI LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
he Articles of Organization for this Limited Liability Comp	eany were filed on	and assigned
orida document number L18000045921		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
eaceful Beach LLC		
e new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
ntow now name in a Cliege address if anni-s-black		
nter new principal offices address, if applicable:		
<u>rincipal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
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		<u> </u>
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nter new mailing address, if applicable:		5 6
failing address MAY BE A POST OFFICE BOX)		<u> </u>
		E Transfer
If amonding the unsistened agent and/on registers	d office address on our mondo	(9 ()
If amending the registered agent and/or registere gistered agent and/or the new registered office address	here:	enter the name of the
anter ou agent and or the new register to office address	Here.	not be
Name of New Registered Agent:		
New Profession 1000 A 11		
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Note:	to edate, if other than the date of filing:	al) ing.) Pursua ate will not	nt to 605 t be list	5.0207 ted as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	n. on the	e earli	er of
	90th day after the record is filed.			
The	90th day after the record is filed. March 7 2018			
	90th day after the record is filed. March 7 2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00