Florida Department of State Division of Compositions Electronic Films Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:			-
	Division of Co		
	Fax Number	: (850)617-6383	ikl
From:			
	Account Name	: REGISTERED AGENTS INC.	
	Account Number	: 120090000081	
		: (307)200-2803	坐.
		: (855)330-1010	[]'' ₁ ' .
			71) 2.
*Enter the	email address for	this business entity to be used for	future
annual	report mailings.	Enter only one email address please.	+ *
Email #	Address:		
Email #	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEAI (US) LLC

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Corporate Filing Menu

Help

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEAI (US) LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L19000022457	oility Company were filed on 01/22/2019	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of $f t$		201
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	T 1
Enter new principal offices address, if applical		-
(Principal office address MUST BE A STREET Enter new mailing address, if applicable:		AH 9: 31
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>ce address here</u> :	enter the name of the new
Name of New Registered Agent:		
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
AMBR	PEAI Limited	9 Honeysuckle Gardens	☑ Add
		Croydon CR0 8XU, UK	☐ Remove
			□ Change
AMBR	Mariya Stefanova Dimitrova	3232 SW 2nd Ave, Unit 115	
		Fort Lauderdale, FL 33315	□ Remove
			Chunge
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
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tive date, if other than the dat ffective date is listed, the date must be If the date inserted in this block	specific and cannot be prior to	date of tiling or more than	(optional) 0 days after filing.) Pursements, this date will r	uant to 605.0 iot be listed
				
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