h21000356366

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2021 SEP -7 PH 7: 56
SECRETARY OF STATE

March allo

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SUBJECT: | Peeples Cr Name of Limi | noice LLC | |
| 30b/BC1. | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | indence concerning this matter t | to the following: | |
| | Alejo | undn E. Arias | |
| | | ple's Chace U | |
| | 1159 | I) SW 148th CT | |
| | M | iami /FL 33196 City/State and Zip Code | |
| | | Un and 1994 (b) 5 mg o be used for future annual report not | |
| For further information c | oncerning this matter, please ca | ill: | |
| Alejunda Name o | v E. Arius Person | at (784) <u>808</u> Area Code Daytin | o - GUIO ne Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| € \$25.00 Filing Fee | S30.00 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 Addres Registration S | | Street Address: Registration Se | ction |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of T | • |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Da 2 3/2'5 C | 1000 00 11 C 2021 SEP -7 PM | 7: 56 |
|--|---|-----------|
| (Name of the Limited Liability | Company as it now appears on our records, KECRE LANT OF | ST2.11 |
| (A Florida I | y Company as it now appears on our records. SECRETARY OF Limited Liability Company) TALLAHASCEE. F | Folk, |
| The Articles of Organization for this Limited Liability Co | ompany were filed on <u>OV 109 12021</u> and ass | igned |
| Florida document number <u>L21000356366</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | ted Liability Company," the designation "LLC" or the abbreviation "L. | L.C." |
| Enter new principal offices address, if applicable: | | |
| • • • | rue. | |
| Principal office address MUST BE A STREET ADDRE | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | ···· |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registered | office address on our records, enter the name of the new | v registe |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| rew registered office Address. | Enter Florida street address | · |
| | Florida | |
| | , Florida | |
| | · ' | |

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 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|---------------------|----------------|
| <u>14612</u> | Alejandro E. Arias | 11590 SW 148th CT | <u></u> ⊠Add |
| | | Miami, FL 33196 | Remove |
| | | | □Change |
| RA | Logan 60nzalez | Ce271 Raliegh ST | 🗆 Add |
| | | Hollywood, FL 33024 | XIRemove |
| | | | □Change |
| <u>M6r</u> | Logun A. Gonzalez | 6271 Raliegh ST | X(Add |
| | | Hullywood, FL 33024 | □Remove |
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| in effective ote: If the | ate, if other than that date is listed, the date date inserted in this effective date on the | must be specific and s block does not n | f cannot be prio neet the appli | cable statutory fi | more than 90 days | optional) after filing.) Pursus s, this date will no | ant to 605.0207 of be listed as t |
| ecord speris filed. | cifies a delayed effe | ctive date, but not | an effective t | ime, at 12:01 a.r | n, on the earlier o | of: (b) The 90th | day after the |
| nted | September | 01 | 207 | 2 /. | | | |
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