Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Number : I20080000061

Fax Number

Phone : (407) 582-9830 : (407) 294-7677

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleased

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PETER CVT WALLS, LLC

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Corporate Filing Menu

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COVER LETTER

TO:

Registration Section
Division of Corporations

SIRIECT

PETER CVT WALLS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

7022 CARLENE DR

Address

ORLANDO, FL 32835

City/State and Zip Code

pinheiromaria@att.net

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PINHEIRO

,407,582-9830

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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□\$60.00 Filing Fee,
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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, PL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

PETER CVT WALLS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) i Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number <u>L13000008063</u>	ny were filed on <u>03/27/2013</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	office address on our records, entered	**************************************
registered agent and/or the new registered office address he	re ;	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGR ≈ Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SUZAMAR CASUSA ARAUJO	5107 JALISCO LANE	Add
		ORLANDO, FL 32822	Remove
			Add
			Remove
			Add
		LLAHASS	Remore
			= m
		ORIDA	Remove
			Add
			Remove
			Remove

). If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
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PEDRO CAVA	gnantite of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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