## 107000120355

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800332489668

07/31/19--01003--013 \*\*20.00

TALLAHASSE SIME

## **COVER LETTER**

TO: R	egistration Sec ivision of Corp	ction porations		
eud ipær		n Ave., LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Edward Ignatoff		
			Name of Person	
			Firm/Company	
		20982 Pinar Trl		
			Address	<del></del>
		Boca Raton, FL 33433		
		326Peruvian@gmail.com	City/State and Zip Code	
		E-mail address: (I	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Edward Ig			561 702-6506 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
<b>■</b> (\$25.00	Filing 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:

TO:

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

326 Peruvian Ave., LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company florida document number L07000120355	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20982 Pinar Trl	
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33433	2019 SEC
Enter new mailing address, if applicable:	20982 Pinar Trl	31 P
Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33433	
		. <b>5</b>
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Edward Ignatoff	20982 Pinar Trl	
		Boca Raton, FL 33433	■ Add
		Doca Raton, FL 33433	□ Remove
		<del></del>	Change
			□ Remove
			Cl Change
			□ Remove
			□ Change
			□ Remove
		-	Change
			□ Add
		<del></del>	□ Remove
			Change
			☐ Remove
			□ Change

_		
_		
_		
an effect ote: If	e date, if other than the date of filing:	
reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.	r of
ited	july 29, 2019,	
	Signature of a member or authorized representative of a member	
	JACQUELINE KAUFFR	

Page 3 of 3

Filing Fee: \$25.00