

LO70000097337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

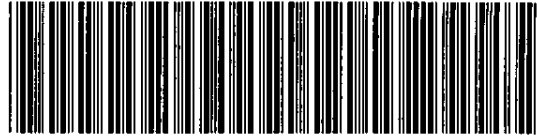
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400138225454

12/01/08--01034--012 **60.00

FILED
08 DEC - 1 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Brien DEC 2 - 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEORIA HOLDINGS, 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:

MATTHEW COFFEY
(Name of Person)

PEORIA HOLDINGS, LLC
(Firm/Company)

11415 BROADWAY AV. EAST
(Address)

MANGO, FL 33550
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW COFFEY at (813) 246-5353
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| ☐ \$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:
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

FILED
08 DEC -1 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PEORIA HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 24, 2007 and assigned
Florida document number L07000097337.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11415 BROADWAY AV. EAST

(Principal office address MUST BE A STREET ADDRESS)

MANGO, FL 33550

Enter new mailing address, if applicable:

11415 BROADWAY AV. EAST

(Mailing address MAY BE A POST OFFICE BOX)

MANGO, FL 33550

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATTHEW COFFEY

New Registered Office Address:

11415 BROADWAY AV. EAST

(Enter Florida street address)

MANGO

(City)

, Florida 33550

(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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MATTHEW COFFEY	11415 BROADWAY AV. EAST MANGO, FL 33550	☒ Add ☐ Remove
MGRM	WALTER H. FOSTER, IV	115 S. FIELDING AV. TAMPA, FL 33606	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

08 DEC - 1 AM 11:26
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated NOVEMBER _____, 2008

Signature of a member or authorized representative of a member
MATTHEW COFFEY WALTER H. FOSTER, IV

Typed or printed name of signee