

LO 7000109776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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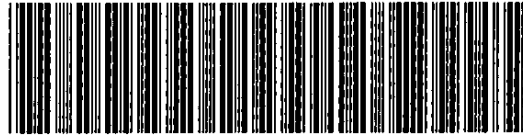
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2007 DEC 14 P 2:49

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MY PEACE, 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:

John E. Biffar

(Name of Person)

PEACE VISION, LLC

(Firm/Company)

1625 SE 46th Street, Suite 4

(Address)

Cape Coral, Florida 33904-8728

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward A. Pickard, Public Accountant at ( 239 ) 673-9126

(Name of Person)

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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**

MY PEACE, LLC

(Present Name)  
(A Florida Limited Liability Company)

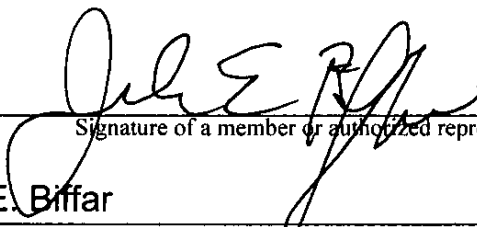
**FIRST:** The Articles of Organization were filed on 10/29/2007 and assigned document number L07000109776.

**SECOND:** This amendment is submitted to amend the following:

THE NAME OF THE LIMITED LIABILITY COMPANY SHALL BE  
CHANGED TO PEACE VISION, LLC.

**FILED**  
2007 DEC 14 P 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated DECEMBER 10th, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
John E. Biffar  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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Signature of a member or authorized representative of a member

John E. Biffar

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**