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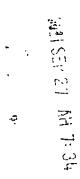
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COVER LETTER

Division of Cor	rporations			
SUBJECT:	PEF	PE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		ALBERTO SANO	CHEZ	
	Name of Person			
	PEPE LLC			
	Firm/Company			
	14525 GATORLAND DRIVE			
		Address		
		ORLANDO, FL 32837		
	LIZ CASTIL	City/State and Zip Code		
	E-mail address: (LO@1985CO.CO to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
LIZ CASTI	rro	at (407) 501-2	2862	
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co	orporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	
		Tallahassee, F	-	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PEPE LLC	115- 5-	7 : .
(Name of the Limited Liability (A Florida Li	Company as it now appear mited Liability Company)	s on our i	
The Articles of Organization for this Limited Liability Con	npany were filed on	08/14	5 .
Florida document number <u>L08000099507</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	<u>rę</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the do	signation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<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 one agent and/or the new registered office address here:	ffice address on our re	cords, <u>enter tl</u>	ne name of the new regis
3. If amending the registered agent and/or registered of the new registered office address here: Name of New Registered Agent:	ffice address on our re		
gent and/or the new registered office address here:			
Name of New 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>	Name as I or	Address 7 All 7: 34	Type of Action
MBR	DIANA SANCHEZ	14525 GATORLAND DRIVE	□Add
		ORLANDO, FL 32837	⊠ Remove
			□Change
	***		□Add
			□Remove
			□Change
			□Add
			□Remove
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ALBERTO SANCHEZ		