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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 8 2010

EXAMINED

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MARBLEOUS MASTERPIECES, 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:

Tara Zabari

Name of Person

Peace of Mind Investments LLC

Firm/Company

9474 SW 77th Place

Address

Miami, Florida 33156

City/State and Zip Code

peaceofmindtlz@gmail.com

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

For further information concerning this matter, please call:

Tara Zabari

Name of Person

at ( 305 )

496-3894

Area Code & Daytime Telephone Number

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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**

**MARBLEOUS MASTERPIECES, 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 01/27/2009 and assigned  
Florida document number L09000008916.

This amendment is submitted to amend the following:

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

Peace of Mind Investments LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

9474 SW 77th Place

Miami, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9474 SW 77th Place

Miami, FL 333156

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TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

9474 SW 77th Place

*Enter Florida street address*

Miami

*City*

, Florida

33156

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with  
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
e obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is*

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

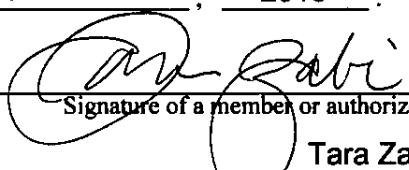
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VAZQUEZ, VERONICA	9250 SW 90 STREET MIAMI FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

Dated April 1, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Tara Zabari

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