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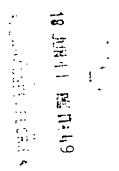
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JUN 1 3 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chris 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:
Christopher Pence
Chaistapher Peace, LLC Finn/Company
29 Turtle back Ten 1
Power Vedien Beach, FL 32083 City/State and Zip Code floridapences O Comenst Met E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chars Josher Jeace at 904 557 9744 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Image: Control of Status Image: Control

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
Tallahassec. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chris PeAG	e LLC	
(Name of the Limited Lie (A F)	ability Company as it now appears on our records. orida Limited Liability Company))
The Articles of Organization for this Limited Liabili Florida document number <u>L 696000/</u>	ty Company were filed on $\frac{\lambda}{1/1/266}$	and assigned
This amendment is submitted to amend the following	Ā.	
A. If amending name, enter the new name of the	limited liability company here:	
Christopher Peace L The new name must be distinguishable and contain the words	LC	· • • • • • • • • • • • • • • • • • • •
The new name must be distinguishable and contain 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 AL	DDRESS)	
	· · · · · · · · · · · · · · · · · · ·	2 2
		7. 5
Enter new mailing address, if applicable:	**	` p
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
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 = .	BR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than so if the date inserted in this block does not meet the applicable statutory filing require	90 days after filing.) Pursuant to 6
1 If the date inserted in this block does not meet the applicable statutory thing requirement's effective date on the Department of State's records.	aments, this date with not be n
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ecord specifies a delayed effective date, but not an effective time, at e 90th day after the record is filed.	t 12:01 a.m. on the ear
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d 6/7/2018	
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d 6 7 / 20 18 MARKO Signature of a member or authorized representative of a mem Christopher Peace Typed or printed name of signee	nber

Page 3 of 3

Filing Fee: \$25.00