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## **COVER LETTER**

Division of Corporations
SUBJECT: Peal Investments 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:
Jenife Brown Name of Person
Firm/Company ,
21814 FOYGLOVE Way
Springda ( MT) 20774 Cit/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tennifer Brewn at 240, 299-4051 Name of Person Area Code Daytime Felephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed: Certified Copy tadditional 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

real Investment	<u>5 LLC</u>		<del></del>
Yeal Investment  (Name of the Limited Liability Company (A Florida Limited Lia	as4t now appears on our r bility Company)	ecords.)	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>Tune</u>		nd assigned
Florida document number <u>LO90005</u> 792:	8		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabili</u>	y company here:		
Pear   Tryestments L The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation	o "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	· ·		
(Principal office address MUST BE A STREET ADDRESS)			
_			
Enter new mailing address, if applicable:		<del>-</del> = i	
Mailing address MAY BE A POST OFFICE BOX)			ภ์
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our rec	ords, enter the na	
registered agent and/or the new registered office address here:			. •
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	;	** r	
	Enter Flórida street a	dibress	
		, Florida	
	City	Zips	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. Thereby 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing:  the effective date must be specific, cannot be prior to date of receipt or file  the date this document is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
ne date this document is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
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Filing Fee: \$25.00

