

LO90000099962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

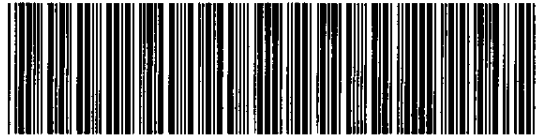
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400162671854

11/16/09--01037--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 16 PM 3:11

FILED

N. C. 11/17/2009 NOV 17 2009

Dear Sir,

I would like to change the name of
My LLC from PPE Holdings, LLC to
Mini O's, LLC. All other information
will remain the same. All partners, Address,
contact info will remain the same.

Thank you kindly.

PETER HOFFMANN

137 E ENID DR.

Key Biscayne FL 33149

email peterhoffmann@bellsouth.net

cel 305 632 1054

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Name of Limited Liability Company

PPE Holdings, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Peter Hoffmann

Firm/Company

PPE Holdings, LLC

Address

*137 E ENID DR.
Key Biscayne, FL 33149*

City/State and Zip Code

Peterhoffmann@bellsouth.net

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

For further information concerning this matter, please call:

Peter Hoffmann

Name of Person

at *(305) 632-1054*

Area Code & Daytime Telephone Number

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**

PPE Holdings, 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 *10/15/09* and assigned
Florida document number *L09000099962*

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: *MINI O'S, 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: *SAME*

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: *SAME*

(Mailing address MAY BE A POST OFFICE BOX)

FILED
09 NOV 16 PM 3:11
SECRETARY OF STATE
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: *SAME*

New Registered Office Address: *SAME*

Enter Florida street address

City, **Florida**

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 608, 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.

SAME

If Changing Registered Agent, Signature of New Registered Agent

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>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

FILED
09 NOV 16 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 11/13/09

Signature of a member or authorized representative of a member

PETER HOFFMANN
Typed or printed name of signee