

L10000032464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

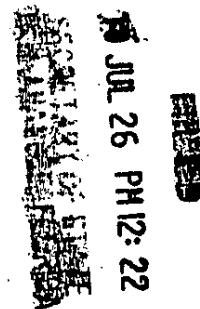
Special Instructions to Filing Officer:

Office Use Only



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07/26/10--01005--001 **60.00



S. HAWKES

JUL 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Peleg Properties, 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:

Craig T. Peleg

Name of Person

Peleg Properties, LLC

Firm/Company

9212 Talway Circle

Address

Boynton Beach, FL 33472

City/State and Zip Code

craigtpeleg@aol.com

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

For further information concerning this matter, please call:

Craig T. Peleg

Name of Person

at (954)

671-0201

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**

Peleg Properties, 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 3/24/2010 and assigned
Florida document number L10000032464

This amendment is submitted to amend the following:

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

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)

9212 Talway Circle

Boynton Beach, FL 33472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9212 Talway Circle

Boynton Beach, FL 33472

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:

Craig T. Peleg

New Registered Office Address:

9212 Talway Circle

Enter Florida street address

Boynton Beach

Florida

33472

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 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.

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

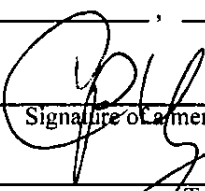
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Cyrus Malhotra	1807 S. Powerline Rd. #104 Deerfield Beach, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member	Michael B. Parnes	1807 S. Powerline Rd. #104 Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

26 PM 12/22

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

Dated 07/21, 2010



 Signature of a member or authorized representative of a member

 Cyrus Malhotra

 Typed or printed name of signee