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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
ALLAHASSEF FINE

D. BRUCE
SEP 28 2010
EXAMINER

COVER LÊTTER *

TO:	Registration Secondivision of Corp	tion orations			
SHBJI	UBJECT: PETERS SCHULERHAUS, LLC				
			ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		K	EITH FENDELANDER	t	_
			Name of Person		
		. 18	31 LINDSAY STREET	Г	
			Firm/Company		-
					_
			Address		Es.
		LEH	IIGH ACRES, FL 339	72	O SI
		City/State and Zip Code			P 2
		E-mail address: (mi.sterkl369@gmail.c	om ort notification)	ASSEE, FI
For fu	rther information co	ncerning this matter, please of	call:		
	Keith	Fendelander	at (239)	247-9619 Daytime Telephone Number	55 SIDA
	Name of	rerson	Area Code &	Daytime Telephone Number	ei
Enclos	ed is a check for the	following amount:			
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	ate of Status &
	Registrat Division P.O. Box	NG ADDRESS: cion Section of Corporations c 6327 see, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ILERHAUS,	LLC	
any as it now app Liability Compan	ears on our records.) y)	
y were filed on _	AUGUST 30, 2010 and assigned	
bility company	<u>nere</u> :	
LERHAUS, L	_C	
nited Liability Cor	npany," the designation "LLC" or the abbreviation	
	ALS 1	
	AFE SE	
	27 PH 3: 53 SSEE, FLORIDA	
office address o	n our records, <u>enter the name of the new</u>	
	Enter Florida street address	
City	, Florida Zip Code	
	hility company libility	

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 Address **Type of Action** Title <u>Name</u> ☐ Add Remove Add ☐ Remove ☐ Add ☐ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 2 2010 Signature of a member or authorized representative of a member

KEITH FENDELANDER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00