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B. BOSTICK
MAY 2 4 2012
EXAMINER

COVER LETTER

Division of Corpo	rations					
SUBJECT:	PETER & TINI	K NEVERLAND, LLO				
Name of Limited Liability Company						
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.				
Please return all correspond	lence concerning this matter	to the following:				
		David Core				
Name of Person						
Name of Person						
	PETER & TINK NEVERLAND, LLC					
	Firm/Company ·					
	1177 HYPOLUXO ROAD					
•						
	LANTANA FL 33462					
City/State and Zip Code			II 200			
	inercore@att.net E-mail address: (to be used for future annual report notification)					
	E-mail address: (t	o be used for future annual report	nonneation)	<u> </u>	E.	1
For further information con	cerning this matter, please c	all:		SS	2 MAY 23 AH II: 40	
Da	vid Core	at (561) Area Code & Da	547-4200) == ====	ļuta .
Name of P	Person	Area Code & Da	ytime Telephone Number	L 05/2/2	- •	٠, ١
				NDA ADA	01	
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 encl	osed) Certified	ate of Stat		sed)

MAILING ADDRESS:

TO:

Registration Section '

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

PETER & TINK I	NEVERLAND, LLC
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed onApril 12, 2012 and assigned
Florida document number L12000050119 .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TA 12
(Principal office address MUST BE A STREET ADDRESS)	
Entageness malling address if applicables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	97
Mulling undress MAT DE AT OST OFFICE BON	Dri O
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
	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 **Title** <u>Address</u> Type of Action <u>Name</u> Member Melinda Voyages 1177 HYPOLUXO ROAD LANTANA FL 33462 __ Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) May 18 2012

David Core
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member