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S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT:	Peterbrucke A	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jerr	Oodson Name of Person	
	Hick	cory Foods Inc.	
	4 339	Roosevelt Blud. stc.	400
	Jack	Sonville, F4, 32210 City/State and Zip Code	
	E-mail address: (	sond hickory foods. Co	ication)
For further information of	concerning this matter, please co	all:	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Taliahassee, 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 Drovice (Name of the Limited Liability Comp. (A Florida Limited	Avenues, LLC any as it now appears on our records.) Liability Company)	SEP 25 M
The Articles of Organization for this Limited Liability Company	were filed on 5/7/2012	and assigned
Florida document number <u>LIZ 0000 62788</u> .		20
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4339 Roosevel+ Blud.	54c 400
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 3221	0
Enter new mailing address, if applicable:	4339 Russevelt Blud- ste	400
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL, 322	
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Registered Agent:	<del></del> -	
New Registered Office Address:	Enter Florida street address	
	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = A $AMBR = A$	lanager athorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
		<del></del>	☐ Remove
			☐ Change

					<u>.</u>	
			<del>-</del>			
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an effective lote: If the	ate, if other than the date is listed, the date in date inserted in this effective date on the	iust be specific and block does not m	cannot be prior to da seet the applicable	ate of filing or more tha	(optional) in 90 days after filing.) Puirements, this date wil	irsuant to 605.0207 ( I not be listed as t
The 90t	n day after the re	ecord is filed.			at 12:01 a.m. on	the earlier of
	September	20 .	2019.	(		
ated		/	,			
ated		1/1	Elle 14	Yhurn	•	

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Filing Fee: \$25.00