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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. BRYAN

JUN 13 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co		
cupiecr.	PETER RE LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	PEDRO A. VEGA	
	Name of Person	
	PETER RE LLC Firm/Company	
	3619 KARIBA CT	TAKE T
	KISSIMMEE FI 34746 City/State and Zip Code	TALLAHASSEE, FLORIDA
	E-mail address: (to be used for future annual report notification	ELDRITT STATE
For further information	concerning this matter, please call:	9 111
JUAN BA	at (<u>407</u>) <u>436</u> - <u>4014</u> of Person	ephone Number
Enclosed is a check for t	the following amount:	
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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

PETER RE	LLC	ny as it now annears on our records	COLUMN TO THE PARTY OF THE PART	
(A	Florida Limited I.	ny as it now appears on our records.) Liability Company)	THE SERVICE STATE OF THE SERVI	
The Articles of Organization for this Limited Li	ability Company	were filed on 5 /14/2012	and assigned	
Florida document number <u>L 120000 648</u>		, , ,	Salar 10	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		250 MINNESOTA WE	DODS LW	
(Principal office address MUST BE A STREE		ORLANDO F1 32824		
Enter new mailing address, if applicable:		250 Minnes OTA WOO	DS LN	
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO FI 32824		
B. If amending the registered agent and/or the new registered of New Registered Agent:			name of the new	
			A JOS . A MANUFACTURE PARTY	
New Registered Office Address: 250 MINNESOTA WOODS LN Enter Florida street address				
	ORLAN		328zy	
		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.

f 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>	Address	Type of Action
M <u>brm</u>	JUAN M BAQUERO	ORLANDO FI 32824	Add Remove
			Add Remove
			Add Remove
			SEE STATE
			Midd Remove
***************************************			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	r.)
		Rosens	
	Vh	er or authorized representative of a member A D BAD SO d or printed name of signee	quan quan quan quan quan quan quan quan

Page 2 of 2

Filing Fee: \$25.00