

L12000094379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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13 FEB - 1 PM 3:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

02/01/13--01017--004 **30.00

K. SALY
EXAMINER
FEB - 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PEERIOSITY 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:

PETER R. RAY, ESQUIRE

Name of Person

COHEN, NORRIS, ET.AL.

Firm/Company

712 U.S. HIGHWAY ONE #400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

pr@fcohenlaw.com

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

For further information concerning this matter, please call:

Lynn Reeves

Name of Person

at (**561**) **615-1030**

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**

PEERIOSITY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/20/2012 and assigned
Florida document number L12000094379

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:	<u>PETER R. RAY - COHEN, NORRIS, ET.AL.</u>
New Registered Office Address:	<u>712 U.S. HIGHWAY ONE #400</u> <i>Enter Florida street address</i>
	<u>NORTH PALM BEACH</u> , Florida <u>33408</u>
	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:

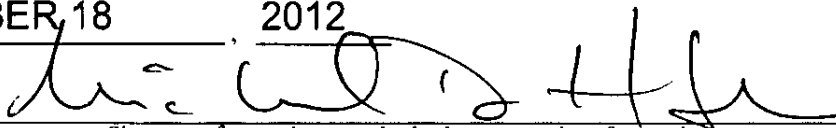
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IRA FIALKOW	26 BERMUDA LAKE DR.	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Remove
MGRM	MIKE HOSTETLER	217 EL PORTAL STREET	<input checked="" type="checkbox"/> Add
		ENCINITAS, CA 92024	<input type="checkbox"/> Remove
MGRM	JEFF JONES	4366 N. STONE CROSSING	<input checked="" type="checkbox"/> Add
		PROVO, UTAH 84604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated **DECEMBER 18**, **2012**



Signature of a member or authorized representative of a member

Michael D. Hossain

Typed or printed name of signee

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Filing Fee: \$25.00