L1300012962

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)	,
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COVER LETTER

Division of Corpo	orations		
SUBJECT: <u>Peoc</u>	e Love & <u>Rec</u> Name of Limite	d Liability Company	
	mendment and fee(s) are subn	-	N
Please return all correspond	dence concerning this matter to	o the following:	
	Noberta	OrtiZ Name of Person	13 APR
		Firm/Company	
	961 SW 15	th St. Address	N 1: 02
	Deerfield Beac	h FL 33441 City/State and Zip Code	
	branornal a ya E-mail address: (to	hoo earn be used for future annual report notification	on)
For further information cor	ncerning this matter, please cal	II:	
Noberto (Name of)	Orti Z Person	at (954) 857 - 392 Area Code & Daytime Tel	lephone Number
Enclosed is a check for the	following amount:		
19. \$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

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

	-		And to The
Peace 1	ove and	Recovery	uc. 3
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appears on o ability Company)	ur records.)
		.1	1 3 3 3
The Articles of Organization for this Limited Lial	bility Company	were filed on $\frac{1}{2}$	2007 Cand assigned
Florida document number 461369503	•	V	03.2
This amendment is submitted to amend the follow	2962		S. Carrier and S. Car
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	lity company here:	
MIDS Paradelina	160		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:	NA	
(Principal office address MUST BE A STREET	ADDRESS)		
•			
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		
-			
B. If amending the registered agent and/or registered agent and/or the new registered officered agent and/or the new registered agent agent and/or the new registered agent			cords, enter the name of the new
Together on agent and of the new registered only	ce addites nei e	•	
Name of New Registered Agent:	NA		
New Registered Office Address:			
		Enter Flo	orida street address
			, 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

ah	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	MA
	April. 15. 2013.
	a the Art
	Signature of a member or authorized representative of a member
	Atohecto Ortiz
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$75 M

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