L13000045488

(Re	equestor's Name)	
(Ad	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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DECRETARY OF STATE

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COVER LETTER

TO:	Registration Sec Division of Corp		••	
CKID ID	A Peachy Li	fe Productions, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Darin Peachee		
			Name of Person	
		A Peachy Life Productions	LLC	
			Firm/Company	
		13816 Sharp Hawk Dr		
			Address	
		Riverview, FL 33569		
			City/State and Zip Code	<u>.</u>
		darin@apeachylifeproductio		
		E-mail address: (to be used for future annual report notif	lication)
For furt	her information co	incerning this matter, please co	all:	
	Arin Pro	achel Person		5523 e Telephone Number
Enclose	d is a check for the	e 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)
			G A 11	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Peachy Life Productions, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000045488</u>		and assigned
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		202
		S JAN
Enter new mailing address, if applicable:		±≥ 1 ===
Mailing address MAY BE A POST OFFICE BOX)		λ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ
		一型 ~
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the We w register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	Сиу	Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Outone Vanna	1103 Lake Place Ct	□Add
		Lakeland, FL 33805	≣Remove
			□ Add
			□Remove
			□Change
		□Add	
			[]Remove
		 	
			□Add
			□Remove
			□Change
			□Add
		□Rепюче	
			□Change
	 		□Add
			□Remôve

ffective date, if other than the date of filing: Olf01/2025 on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 foregreen inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Signature of a member or authorized representative of a member Darin Peachee	-	
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Filing Fee: \$25.00