## 400035872

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(	,	
(0)	(0) 1 77 (0)	
(Cit	y/State/Zip/Phon	e #)
	☐ WAIT	☐ MAIL
☐ PICK-UP	☐ WAII	LI WAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
,	Ź	
Certified Copies	Cortificator	s of Status
Certified Copies	Certificates	s or Statusv
Special Instructions to	Filing Officer:	
`		
		1

Office Use Only



800257624538

03/10/14--01027--010 \*\*30.00

MAR 1 2 2014

T. BROWN

## COVER LETTER TO: Registration Section **Division of Corporations** 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: il address: (to be used for future annual report notification) For further information concerning Name of Person

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

PEACHES (Name of the Limited	Liability Company as it Florida Limited Liability	now appears on our rec	ords.	igned of the control
The Articles of Organization for this Limited Lial	bility Company were fi 0.35.872	iled on <u>03/04</u>	12014 and ass	igned of Male
This amendment is submitted to amend the follow	ving:			Alla
A. If amending name, enter the new name of the new name must be distinguishable and end with the wo	ES FOR Ords "Limited Liability Con	Kids L	LLC" or the abbreviation "I	.L.C."
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		1000 5.0	0. 2/36 ed F/ 33	<u>ル.</u> 3032
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Be  B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office ac	40 60 5 come 51 330	ead Fl	LN.
Name of New Registered Agent:	AKeir	A La	mpkin 3 Rd (n)	urt
New Registered Office Address:	Itome 5th		J	3

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alexis, Lampki	in 14060 S.W. 273 LN	Z Add
		Homestead Ila 33032	□ Remove
012 p			
IVIOIK	Sheila Lampun	14060 SW. 273 LN	102 Add
		HomesTead 71 33032	<u> </u>
mA A O	Alexa Landi	1.	
MOK	HIEXIS LUMPIGIT	14060 SW 273 LN Homested Pla 33032	<u>′_</u> □ Add
		Homesteal Ha 33032	Remove
ia A B D	Darleha Lumpkin	2421 S.E. 15 PL	-
price	171013114 WHIPPAIN	deal O.L. 13 PL	G-Add
		Homestead Fla	□ Remove
		33035	<del></del>
			□ Add
			_ □ Remove
			_
			□ Add
			Remove

P.S. I Signed my Name in the  wrong space below;  thats Why I Wrote it  2 times,  E. Effective date, if other than the date of filing:  (optional)
wrong Space below;  thats Why I Wrote It  2 times,  E. Effective date, if other than the date of filing:
thats Why I WROLE It  2 times,  E. Effective date, if other than the date of filing:
2 times,  E. Effective date, if other than the date of filing:
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 63/65/2014.
Alexis Lampkin/alexis Lampkin
Signature of a member or authorized representative of a member  Ways Lampking Alexis Lampking  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00