# L14000 NL772

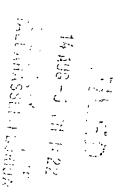
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#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

PERUVIAN LILLIES 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:

## PEDRO PAREDES

Name of Person

### FPY ACCOUNTING SERVICES INC

Firm/Company

9221 CRESCENT DRIVE

Address

MIRAMAR FL 33025

City/State and Zip Code

FPYSERVICES@COMCAST.NET

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

For further information concerning this matter, please call:

PEDRO PAREDES

954 392-8669

Name of Person

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

ted Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)			
iability Compan	y were filed on JULY 24, 2014	and assigned		
lowing:				
of the limited lia	bility company here:			
words "Limited Li	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		NONE		
ET ADDRESS)		\ <del>-</del>		
	NONE			
BOX)				
office address he		r the name of the		
		7 7		
	Enter Florida street address	77. 16 7. S		
	······································	Zip Code		
Dagistared Agen	ŕ			
	iability Companion in the limited lia words "Limited Lia cable:  ET ADDRESS)  VBOX)  Vor registered office address he NONE	words "Limited Liability Company," the designation "LLC" or the cable:  NONE  NONE		

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 = M $AMBR = A$	anager , uthorized Member			
Title .	<u>Name</u>	Address	Type of Action	
MGR	EDILFONSO VARGAS	10 GRIST MILL RD	□ Add	
		LEBANON NJ 08833	■ Remove	
			 □ Add	
			□ Remove	
			□ Add □ Remove	
			□ Add	
			Remove	
			Add Remove	
			Add 2	

D. If amending any other information	on, enter change(s) here: (Attach add	litional sheets, if necessary.)
	<del></del>	
E. Effective date, if other than the d (The effective date must be specific, cannot	be prior to date of receipt or filed date and cann	oot be more than 90 days after
the date this document is filed by the Flori	da Department of State)	
Dated JULY 31	2014	
n Robert and		
S	gnature of a member or authorized representat	tive of a member
PILAR WONG	VARGAS - OWNER/M	IEMBER
	Typed or printed name of signed	•

Page 3 of 3

Filing Fee: \$25.00