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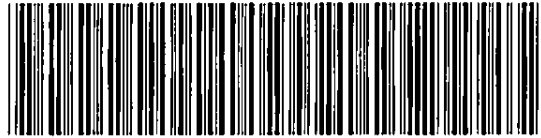
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHERITA DOUGLAS CONSULTING ENTERPRISES 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:

Sherita Chandler

Name of Person

SHERITA DOUGLAS CONSULTING ENTERPRISES LLC

Firm/Company

2180 SE Trillo Street

Address

Port St Lucie, Florida [34952]

City/State and Zip Code

sherita@peolocity.com

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

For further information concerning this matter, please call:

Sherita Chandler

772 919-1296
at ()

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 Address:

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

**ARTICLE 5 OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHERITA DOUGLAS CONSULTING ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 18 AUGUST 2014 and assigned
Florida document number L14000140103.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PEOLOCITY LLC.

The new name must be distinguishable and contain 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)

2180 SE TRILLO STREET

PORT ST LUCIE FLORIDA 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2180 SE TRILLO STREET

PORT ST LUCIE FLORIDA 34952

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:

Sherita Chandler

New Registered Office Address:

2180 SE Trillo Street

Enter Florida street address

Port St Lucie

City

Florida 34952

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 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.

by // Sherita Chandler, agent
If Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 21 February, 2024

by M. Anita L. Chaudhry, Agent Manager, Travel
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

by: Sherita Chandler, Agent/Manager/Trustee

Typed or printed name of signee