# 1500052401

(Requestor's Name	)
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
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(Business Entity Na	ome)
(Document Number	·)
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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	PEOPLE Same of Limite	MANAGEMENT ed Liability Company	L.L.C.	
The enclosed Articles of	Amendment and fee(s) are subm	itted for tiling.		
Please return all correspo	ondence concerning this matter to	the following:		
	Steven R.Peoples			
	<del></del>	Name of Person	<del></del>	
	S&S Building Maintenance	and Grounds Keeping LLC		
		Firm/Company		
	412 Arizona Dr			
		Address		
	Mexico Beach, Fl. 32456			
	Stevelvfl2@gmail.com	City/State and Zip Code		
	E-mail address: (to	be used for future annual report notifi	cation)	
For further information c	concerning this matter, please cal	):		
Steve Peoples		850 596-3718		
Name o	of Person	at () Area Code Daytime	Telephone Number	三 当 五
Enclosed is a check for t	he following amount:			-5
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status & Sopy

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&S Building Maintenance and G					_
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited I Florida document number L15000052401		were filed on March 24.2	015	and	assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of Peoples Management, L.L.C.	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 the abl	oreviation	"L.L.C."
Enter new principal offices address, if appli	cable:	412 Arizona Dr			
(Principal office address MUST BE A STREET ADDRESS)		Mexico Beach, Florida 32456			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered of	Vor registered of		cords, <u>enter</u>	the nan	ne of the no
Name of New Registered Agent:	Sharon D. Peop	bles			-1
New Registered Office Address:	412 Arizona Di				
		Enter Florida street (	address	•	· · · · ·
	Mexico Beach	Enter Florida street	_, Florida	156	
		City		Zip Co	ode ,
New Registered Agent's Signature, if changing	Registered Agent:				1/2
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my dutie	es, and Lam f	umiliar	with and

If Changing Registered Agent. Signature of New Registered Agent

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 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	Sharon D. Peoples	412 Arizona Dr. Mexico Beach Fl. 32456	■ Add
			□ Remove
			Change
MGR	Steven R, Peoples	412 Arizona Dr. Mexico Beach Fl.	O Add
			Change
AMBR	Steven R. Peoples	412 Arizona Dr. Mexico Beach, Fl. 32456	■ Add
			□ Remove
		<u> </u>	Change
AMBR	David Traylor	4203 Highway 98, Mexico Beach, FL. 3245	<u>-6</u> ■ Add
			Cháinge
			O Add
		<u></u>	D Remove
			Change
			□ Add
		<del>.</del>	□ Remove

	om Janitorial and Lawn Care, to		
	_		
		<del></del>	
		<u> </u>	
<del></del>			
		·	
ctive date, if other than the	date of filing:		(optional)
If the date inserted in this bl	it be specific and cannot be prior to dock does not meet the applicable		
ment's effective date on the D	epartment of State's records.		
	d effective date, but not a	n effective time, at 12	:01 a.m. on the earlje
e 90th day after the rec	ord is filed.		*
[6]unc d	2017	A 1	
	·	A-1	

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Typed or printed name of signee

Filing Fee: \$25.00