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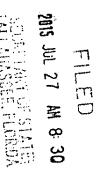
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

ŤΟ:	Registration So Division of Co	ection *** rporations **		• •
SUBJEC		ance Investments, LLC		
CODUE	·•·	Name of Lim	ited Liability Company	,
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Richard Peterson		
			Name of Person	
		Second Chance Investmen	ts, LLC	
			Firm/Company	·····
		3505 Tullamore Ln		
			Address	
		Tallahassee, FL 32309		
			City/State and Zip Code	
		richard.peterson@gmail.com		
			to be used for future annual report notif	ication)
For furth	er information o	oncerning this matter, please ca	all:	
Richard Peterson			850 509-9524 at ()	
•	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	ne following amount:		
■ \$25.0	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**

FILED

2015 JUL 27 AM 8: 30

Second Chance Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.) ADADSTE, FLORIDA.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on 3/31/2015	and assigned
Florida document number L15000056564	.	
This amendment is submitted to amend the following	3 .	
A. If amending name, enter the new name of the l	limited liability company here:	
Pete Peterson Enterprises, LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
`		
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	
B. If amending the registered agent and/or re	egistered office address on our records,	enter the name of the nev
registered agent and/or the new registered office a	ddress here:	
Name CN D 11 14		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	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.

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
			Add
			Remove
			Change
			Add
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fective date, if other than	the date of filing:			(optional)	1	
n effective date is listed, the date ote: If the date inserted in this cument's effective date on the	must be specific and canno s block does not meet th	ne applicable sta	f filing or more than tutory filing requir	90 days after filing.) Pu	rsuant to 605.02. I not be listed	07 (3 as the
record specifies a dela The 90th day after the r	ed effective date, record is filed.	but not an e	fective time, a	it 12:01 a.m. on	the earlier	of:
ited July 23	, 20					
11/2.	1 / // -	/				
- flor	Signature of a member	or authorized re	presentative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00