## L15 0000 6216L

(Re	questor's Name)	
(Ad	dress)	<del></del>
: (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

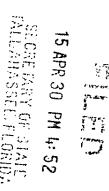
\*

Office Use Only



600272352946

04/30/15--01016--011 \*\*25.00



agains MAY 0 6 ME

## TO: Registration Section Division of Corporations SUBJECT: Peter Vision 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: Adrian Peter Name of Person Peter Vision Firm/Company 4811 Meritage Place Address Rockledge FL 32955 City/State and Zip Code Adrian Peter Damail. Com E-mail address: (id be used for future annual report notification) For further information concerning this matter, please call:

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

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 March 17, 2015 and assigned Florida document number L1500006, 2066.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adrian Peter		🗆 Add
		4871 Meritage Pl., Rockledge, PL	32955 Remove
			Change
AMBR	Adrian Peter	4871 Meritage Pl., Pockledge FL.	32955 DAdd
	·	F1 & JAMES 1 - 1 - 1 - 2 - 2 - 1 - 1 - 1 - 2 - 2 -	Remove
			Change
MGR	Janey Peter		
		4871 Meritage Pt., Rockiedge fl	32955 PRemove
	_		Change
AMBR	Jancy Peter	4871 Meritage Pl, Rockledge F	32953 L D Add
			Remove
			PR 3nge AV
			199 R 179
			SS of
			Remove
			□ Change
<del></del>			
			□ Remove
			□ Change

_		,			·			
				·				
·								
	<del></del>							
to 19 Alberta discovers and a service and a							<del>.</del>	
						74		
							<u> </u>	
fective date if other than the dat	e of filing:				(antional		APR	٠,
Tective date, if other than the dat an effective date is listed, the date must be some. If the date inserted in this block of	specific and co	annot be prior	to date of filin	g or more than 9	0 days after filin	g.) Pürsuan a. with mot	it te 6)5.0	207
ocument's effective date on the Depart				ming require	ments, this dat	e wiii not	DE IISTE	THE LINE
							ŧ.	1 ***
record specifies a delayed eff	ective da	te, but no	t an effect	ive time, at	: 12:01 a.m		¢a lie≀	r of
The 90th day after the record	is filea.					55"		
•		2015	5					
ated April 28	^	$\alpha \sim 10$	/					
ated April 28	<del>9</del> ,	Tan/	<u>.</u> 1					
la la	g. Hask	AW	<del>7</del> —	native of a men			····	

Page 3 of 3

Filing Fee: \$25.00