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	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Document Number)	
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COVER LETTER

TO: Registration Division of (n Section Corporations		
CITISTICATE.	ision, LLC.		
	Name of I	Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing.	
Please return all corres	spondence concerning this matt	ter to the following:	
	Adrian M. Peter		
		Name of Person	
	Peter Vision, LLC		
		Firm/Company	
	4171 Chardonnay Dr.		
		Address	
	Rockledge, FL 32955		
		City/State and Zip Code	
	adrian.peter@gmail.com		
		(to be used for future annual report noti	fication)
For further information	concerning this matter, please of	call;	
Adrian M. Peter		321 795-7980	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 FED -7 AT 7: 29

Peter Vision, 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 Liabil	ity Company were filed on	03/17/2015	and assigned
Florida document number 1.15000062066			
This amendment is submitted to amend the following	ig:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable			_
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:	 		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		records, enter the na	me of the new registered
	_		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
_		Florida	
	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 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
AMBR	Jancy T. Peter	4871 Meritage P!.	
		Rockledge, FL 32955	LJAdd
			Remove
			———— □Change
-			————— □Add
			□Remove
			———— □Change
			———— □Add
			□Remove
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			□ Remove
			□Change

Effective date, if other than th	ist be specific and cannot be prior	able statutory filing require	(optional) Odays after filing.) Pursuant to 605.02 ments, this date will not be listed
If an effective date is listed, the date mi Note: If the date inserted in this bedocument's effective date on the I	Department of State's records		
If an effective date is listed, the date mu Note: If the date inserted in this b	Department of State's records		lier of: (b) The 90th day after th

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Filing Fee: \$25.00