L1500007-1588

(R	equestor's Name)
(A	ddress)
· (A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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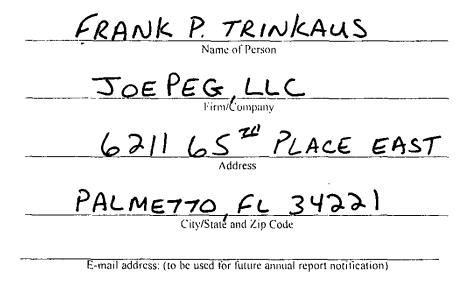
JUN 19 2015 Y SULKER

COVER LETTER

TO:		tration Section . on of Corporations
SUBJE	ς. Ε CT :	JOEPEG, 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:

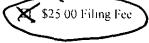


For further information concerning this matter, please call:

JOSEPH P. TRINKAUS

at (727) 528-3100
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



□ \$30 00 Filing Fee & Certificate of Status □ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Fifing 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

JOE PEG LI (Name of the Limited Liability Company	as it now appears on our records.)
	•
The Articles of Organization for this Limited Liability Company w	rere filed on 4/23/2015 and assigned
Florida document number <u>L15000071588</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name most be distinguishable and contain the words "Limited Liability	• • •
Enter new principal offices address, if applicable:	PALMETTO, FL 34221
(Principal office address MUST BE A STREET ADDRESS)	PALMETTO, FL 34221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6211 65 PLACE EAST PALMETTO, FL 34221
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: FRAM	UK P. TRINKAUS 5
New Registered Office Address: 621	Enter Florida street address
	E770 , Florida 34321
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

$MGR = M_{1}$ $AMBR = A_{1}$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
PRES	PEGGY LEE CONNELL	4518 45 DAVE. N.	🗆 Add
; ;		ST. PETE, FL 33714	Remove
			🗆 Change
VP	RENEE ANN PETERSON	4518 45" AVE. N.	🗆 Add
		57. PETE, FL 33714	Remove
			Change
Pres	JOSEPH P. TRINKAUS	6211 65TH PLACE EAST	7 Add
	•	PALMETTO, FL 34221	□ Remove
			☐ Change
<u> </u>	FRANK P. TRINKAUS	6211 65 TH PLACE EA	S7D (Add
		PALMETTO, FL 34221	Remove
			O Change
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Effective [If an effec	e date, if other than the date of filing: JUNE 16, 2015 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing). Parsuare p 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
•	in the second se
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the parlier
ine 9	Oth day after the record is filed.
	JUNE 16 2015
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00