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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT: The		Peul Fstate Goup ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	Je	Yemy (ady Name of Person	
	The Jeveny	Cady Real Esta: Firm/Company Mc P1. Lake City, Address	te Gap
	127 SW Map	Ole P1. Lake City, Address	FL 37074
		City/State and Zip Code	
		d Weylestak Com to be used for future annual report noti	
For further information of	E-mail address: (i encerning this matter, please ca		fication)
		и	
Je/emy Name of	Ca d V Person	at (9 04) 376	5277 e Telephone Number
		,	•
Enclosed is a check for th	e 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

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		, Fl	orida			
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ii iii iii	office add	ability Company her ability Company," the describing Company, the describing address on the ere: Enter Florica City	ability Company) ability company here: ability Company," the designation "LLO office address on our record ere: Enter Florida street addre. City	ability company here: ability Company," the designation "LLC" or the ability Company," the designation "LLC" or the ability Company, and the abili	ability Company) ability company here: ability Company," the designation "LLC" or the abbreviation "lability Company," the designation "lability Company," the designation "lability Com	ability Company) ability company here: ability Company," the designation "LLC" or the abbreviation "L.L.C." office address on our records, enter the Rame of the ere: Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Ai	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jereny Cady	127 SW Maple PL Lake C	33024 1-}7 FC □ Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) g or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	y filing requirements, this date will not be fisted to
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
Dated 10/6/2015	
	ntative of a member

Page 3 of 3

Filing Fee: \$25.00