

L19 000102739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
FEB 10 2023



20039812282

12/01/22--01005--002

2022 DEC -1 AM 11:29
STATE OF ARIZONA
DEPARTMENT OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: For Keeps Engraved, 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:

Jessica Lee
Name of Person

For Keeps Engraved, LLC
Firm/Company

2260 Kearney Ave
Address

Naples, FL 34117
City/State and Zip Code

info@statementpeace.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Lee at (239) 245 0549
Name of Person Area Code Daytime Telephone Number

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 Address:
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

For Keeps Engraved, 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 Liability Company were filed on 06/12/2015 and as
Florida document number L15000102739.

This amendment is submitted to amend the following:

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

Statement Peace, LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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 agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Ch
_____	_____	_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Rer
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rerr
		_____	<input type="checkbox"/> Char
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chan
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remc
		_____	<input type="checkbox"/> Chan
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remc
		_____	<input type="checkbox"/> Chan

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

F. Effective date, if other than the date of filing: 11/28/22 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Dated 11/28/22

Jessica Lee

Signature of a member or authorized representative of a member

Jessica Lee

Typed or printed name of signee