

Mar. 28, 2017 11:42AM

Division of Corporations

10.0045 P.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CIKLIN LUBITZ & O'CONNELL
Account Number : 076376001447
Phone : (561)832-5900
Fax Number : (561)833-4209

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gkino@ciklinlubitz.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEPE SOUTH, LLC

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TALLAHASSEE, FLORIDA

2017 MAR 28 AM 8:43
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

Mar. 28. 2017 11:42AM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 00457 P. 2/4
FILED
2017 MAR 28 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PEPE SOUTH, 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 11/12/2015 and assigned
Florida document number L15000190587.

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 "L.L.C."

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)

5520 PGA Blvd., Suite 104

Palm Beach Gardens, FL 33418

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

City, Florida 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

Mar. 28. 2017 11:43AM

No. 0045 P. 4/4

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>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

(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 605.0207 (3)(b)

Dated March 27th, 2017

Edw. H. R. II

Signature of a member or authorized representative of a member

Edward W. Ricc II

Typed or printed name of signee