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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Division of Corporations
SUBJECT: PJ Realty Services UC 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:
Peggy J Mitchell Name of Person
PJ Kealty Servicess LLC
372 Boynton Bay Cir
Boynton Beach 7L 33444
Peggy Hankerson 1 @ gmail com The state of the component
For further information concerning this matter, please call:
Peggy Mitchell at (561) HAI. 4715 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	I Liability Gompany as it A Florida Limited Liability	now appears on our	records.)	
The Articles of Organization for this Limited Lia	bility Company were f		1.6	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability co	mpany here:		
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	pany," the designation	on "LLC" or the abbrevi	ation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u> <u>oxi</u>		200 200 200 200 200 200 200 200 200 200	16 FEB 1
B. If amending the registered agent and/or	r registered office a	ddress on our r	ار از	Ahme of the new
Name of New Registered Agent: New Registered Office Address:	Peggy	J mi	tchell	
riew registered Office Addiess.		Enter Florida stree	t address	
	————————————————————————————————————	<u></u>	, Florida	ip Code
	CI.	J'	Z	ip Coae

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 AMBR = Authorized Member

<u>Title</u>	Name		Address				Type of Action
MGR	Peggy,	J Mitch	ell :	372	Boynto	n Bay	□ Add
	J		Cica	le_	Doyaton	Beach	Remove
			FI	_ 3	3425	1	(Change
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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 or more that the late inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the ear	lier c
Pated $\frac{\partial}{\partial t}$		
Pated 2/2/16, Page 1 multiple of a member or authorized representative of a n	iember	

Page 3 of 3

Filing Fee: \$25.00