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(Re	equestor's Name)
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PICK-UP	
(Bu	usiness Entity Name)
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Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



08/20/18--01006--007 **25.00

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COVER LETTER

TO: Registration Section Division of Corporations

P-EALTOP GROUP LLC Name of Limited Liability Company SUBJECT:

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:

 YUNIOR RIVERO
 at (<u>815)</u>
 758-3704

 Name of Person

 Name of Person

Enclosed is a check for the following amount:

S25.00 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 tadditional 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

(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 Florida document number L16000145600	were filed on 81312016 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabi</u> <u><u>PEAUTOP</u> <u>EROUP</u> The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS</u>)</u>	LLC			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2750 GUNN HWY SUIFE 208 TAMPA & 32618			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	SAME.	
New Registered Office Address:	Enter Florida street o	nddress
		Florida
	Ċuy	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. Thereby 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</u> or removed from our records:

MGR = 'Manager AMBR = Authorized Member

· · ·

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
MGR	YUNIOR HVERO	3750 GUNN HWY, STE 208	O Add
		TAMAA FL 33618	Remove
			Change
			O Add
		<u></u>	CRemove
		······································	Change
			100 AUG 20 AM ge AM SEE FLORIDA
			Remove
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		<u> </u>	Add
			C Remove
			Change
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			_ 🗆 Remove
			_□ Change

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

E. Effective date, if other than the date of filing: ______(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 605,0207 (3)(b)

(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) <u>Note:</u> 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 the record is filed.

Dated AUGUST 16 . 2018 Signature of a member or authorized representative of a member

YUN1014 FIVERO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00