12/6/2018



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

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TO:

COVER LETTER

TO;	Registration Se Division of Cor	ection 'porations		
SUBJE	FEAR2PE	EACE, LLC		
JOINT.		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter		
		Cheyenne Moseley		
			Name of Person	
Legalzoom.com, Inc.				
Firm/Company				
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		bsturm77@aol.com	to be used for fixture annual report notifi	(estion)
For furt	her information e	oncerning this matter, please of		
Cheye	nne Moseley		800 773-0888 ex	kt. 9724
	Name o	f Person		Telephone Number
Enclose	ed is a check for t	ne following amount:		
\$25	.00 Filing Pec	□ \$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 Tallahassoe, FL 32301

The second of th

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEAR2PEACE, LLC			
(Name of the Limited Liability Come (A Florida Limited	pany as it now appears on or d Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on 08/04/20	016 and	l assigned
Florida document number L16000145874			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	bility company here:		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designs		
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u>د</u>	
(Principal office address MUST BE A STREET ADDRESS)			
•			N
		•	
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			5
			3. 10
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the us	ne of the new
Name of New Registered Agent:			· · · · · ·
New Registered Office Address:			
•	Enter Florida street address , Florida		
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag			

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

Page 1 of 3

Authorized	If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:		
MGR = M AMBR = A	lanager Authorized Member		
Title	Name	Address	Type of Action
AMBR	ANTHONY MITCHUM	347 WINDRUSH LOOP	
		TARPON SPRINGS, FL 34689	☑ Remove
			🗖 Add
			□ Remove
·			DAdd
	·		CI Remove
			16 DEC 12% AM 8: 42 OVER 12% AM 8: 42
			MATERIAL TO
			2
			□ Remove
	· · · · · · · · · · · · · · · · · · ·		
			☐ Remove

Page 2 of 3

D. If amending any other informa	tion, enter change(s) here: (Attach additional sh	eels, if necessary.)
خونه خواه د د د د د د د د د د د د د د د د د د د		
E. Effective date, if other than the	date of filing:	(optional)
(The effective date must be specific, cannot the date this document is filed by the Fi	ot be prior to date of receipt or filed date and cannot be more	than 90 days after
Dollember	2014	
Dated / //////////////////////////////////	2	
	about the	
	Signature of a member or sethorized representative of a me	mber
	BARBARA L. BAKER	
	Typed or printed name of signee	-

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