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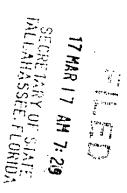
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Micha	el Britt Peac	<u> </u>
	B Pean	Name of Person	
		Firm/Company	
	3015 CL	evelond Heights	5/vd
	Lakelon	l, FL BB.	33803
-	Mich over	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ion) (on
For further information conc	cerning this matter, please ca	11:	
Britt Pe	Cul	at (863) 712 Area Code Daytime Te	4645 Elephone Number
Enclosed is a check for the f	ollowing 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/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

B. Peace 1	-LC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on obility Company)	our records.)	·
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	23/16	_ and assigned
This amendment is submitted to amend the following:	٠		
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability		ation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2 55	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		CRETARY OF STA	MAR 17 AM 7: 2
B. If amending the registered agent and/or registered office address here:	ce address on our	records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		· . Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my o ovided for in Chap	luties, and I am fam ter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

or	remove	ed from	our	records	; :

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
	· .		□ Add
		',	Remove
			Change
			Add
			□ Remove
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			☐ Remove
			☐ Change

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Filing Fee: \$25.00