

L16000180021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300291541813

10/25/16--01019--002 **25.00

FILED
2016 OCT 25 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
OCT 27 2016

GREGORY SCHWENDEMAN, P.A.

GREGORY J. SCHWENDEMAN, ESQUIRE
POST OFFICE BOX 33148
INDIALANTIC, FLORIDA 32903
321.674.9898 ~ 321.243.5008
GREGORY@SCHWENDEMANLAWFIRM.COM

24 October 2016

Monday

Registration Section
Division of Corporations
Attn: Yasmin
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment

1. Pelu Florida, LLC – L16000180021

Dear Ms. Yasmin:

I apologize in advance for any inconvenience, but my clients have decided to make Amend their LLC, leaving Ms. Holguin on as Manager, after all. I have included a check in the amount of \$25.00 for this Amendment.

If there are any issues or you have any questions, please call me at once at 321.243.5008. I greatly appreciate your help as you have been the only representative to give consistent answers.

Respectfully,


Gregory J. Schwendeman

COVER LETTER

**TO: Registration Section
Division of Corporations**

PELU FLORIDA, LLC

SUBJECT: _____
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:

GREGORY J. SCHWENDEMAN, ESQ.

Name of Person

GREGORY SCHWENDEMAN, P.A.

Firm/Company

POST OFFICE BOX 33748

Address

INDIALANTIC, FLORIDA 32903

City/State and Zip Code

GREGORY@SCHWENDEMANLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY SCHWENDEMAN

321

243-5008

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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**

PELU FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2016 OCT 25 AM 11:28
SECRETARY OF STATE
PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/27/2016 and assigned
Florida document number L16000180021.

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) _____

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

_____, **Florida**

City

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ASTRID HOLGUIN	3020 W. FLORIDA AVENUE	☒ Add
		MELBOURNE, FL 32904	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2016 OCT 25 PM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 OCT 25 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

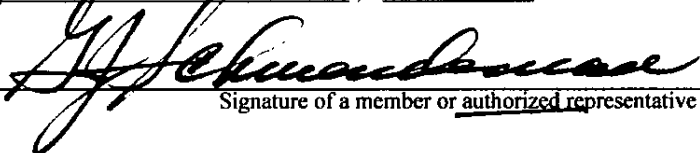
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

24 October, 2016



Signature of a member or authorized representative of a member

GREGORY J. SCHWENDEMAN, ESQ (FBN 564613)

Typed or printed name of signer