# L17000025863

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
(Boedment Number)			
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## S. WARREN

JUL 1 2 2017

### COVER LETTER

10:	Divis	ion of Corporations	•		
SUBJE	• cr: _	PEACE	LOVE	MED	LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

ILANA MECHOULLAM PEACE LOVE MED LLC 11 PLAZA REAL SOUTH, APT-219 Address BOCA RATON FL 33432 CityState and Zip Code FEACELOVEMED@GMA/L.COM F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call-

<u>**3**ELI MECHOULLIAM</u> Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🕱 - \$25,00 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

ARTICLES OF A	
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ARTICLES OF OR	GANIZATION
OF	
$P \in A \subset E  Lov \in M$	
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L17000025863}$	ere filed on $\underline{FEB} / 2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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)	·····
muning utilities M. 1 DE ATOST OF FREE DOAL	
B. If amending the registered agent and/or registered offic	ce 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:	
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 provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac company has been notified in writing of this change.	rformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, <b>Fi</b> his d <b>ocument</b> is
If Changi	ng Registered Agent, Signature of New Registered Agent

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), I. (310, 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	BANANAS LLC	16850 COLLINS AVE	O Add
		SUITE # 112-493	Remove
		SUNNY ISLES, FL 33160	Change
MGR	ILANA B. MECHOULLAM	11 PLAZA REAL SOUTH	Add
		APT-219	Remove
		BOCA RATON, FL 3343.	Change
			D Add
			Remove
			Change
			🗆 Add
			C Remove
			Change
			L Add
			Change-
		; 	
			_ Change

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

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#### 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) <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	JULY 7th 2017	1910 <b>1</b>
	Gm	
	Signature of a member or authorized representative of a member	
	ILANA MECHOULLAM	
	Typed or printed name of signee	<u>in instant</u>
		28 110,2

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Filing Fee: \$25.00