## 117000043409

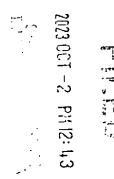
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

то:	Registration Division of C			•
CONTRA		/INTHORPE ENTERPRISES, LI	LC	
SUBJEC	↓l:	Name of Lim	ited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		LORI A. WELLBAUM		
			Name of Person	
		WELLBAUM LAW, P.A.		
			Firm/Company	
		686 N. INDIANA AVE		
			Address	
		ENGLEWOOD, FL 34223	<u></u>	
			City/State and Zip Code	_
		asst@dannyduncan69.com	to be used for future annual report notifica	ation)
For furth	ner information	n concerning this matter, please ea		
	Krist	٧	at ( <u>941</u> ) 380 - 80 Area Code Daytime T	763
	Nam	e of Person	Area Code Daytime I	elepnone Number
Enclosed	d is a check for	r the following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add		Street Address:	ion
	Registration of	n Section Corporations	Registration Secti Division of Corpo	
	P.O. Box 6	-	The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PE ENTERPRISES, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000043409	were filed on <u>02/27/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		/
Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter th	e name of the new registered
New Registered Office Address:	Enter Florida street address	
/	, Flori	ida 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 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>	<u>Name</u>	Address	Type of Action
MGR	SUZANNE DAVIS	505 W. Dearborn Street	
		Englewood, FL 34223	Remove
			□Change
MGR	LORI WELLBAUM EMERY	686 N. Indiana Ave	
		Englewood, FL 34223	=Remove
			Change
AMBR	MONDAY MARKET, INC	811 Buckskin Ct	<b>=</b> Add
		Englewood, FL 34223	⊡Remove
			Change
		<del></del>	Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			∏Change

as c	of 9/18/2023 this is being changed to a multimember LLC.
e: If	e date, if other than the date of filing:
cord s s filed	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 figure of the first three dates are three d
ed	SEPTEMBER 28, 7023

Filing Fee: \$25.00