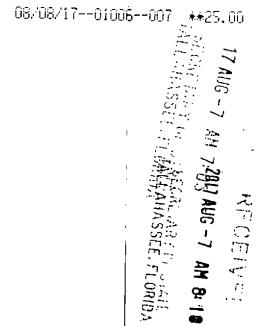
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## **COVER LETTER**

FO: Registration Section Division of Corporation		0	
SURJECT: PEGGY N	10 CARNLE	ed Liability Company	260
, , , , , , , , , , , , , , , , , , ,	Name of Limit	ed Liability Company	
The enclosed Articles of Amenda	ent and fee(s) are subm	nitted for filing.	
Please return all correspondence of	oncerning this matter to	o the following:	ı
	2664 M	CCARDLE Name of Person	
$\sim$	۸	Name of Person	
PEGO.	sy McCA	EDIE CONSUL	TING, LLC
		BOUR WATE	
TARE	PON S	City/State and Zip Code Ce a yahoo.	34689
	2 mccard E-mail address: (to	be used for future annual report notific	Carry ation)
For further information concerning	g this matter, please cal	H:	
PEGGY McC. Name of Person	1RDLE	at (301) 642 - Area Code Daytime	OO ZO  Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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 AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions
		Tallahassee, FL 3230	) [

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Company were filed on MARCH 13, 2017 and assigned lorida document number <u>L 170000</u> 5 7 L his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: PRINGS, Florida FL ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ompany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or i	nore than 90 days after filing.) Pursuant to 605.0207
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ed July 30 . 2017.	
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Jeggs //ce Card	le
// Signature of a member or authorized representative	e of a member

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Typed or printed name of signee

Filing Fee: \$25.00