L17000066949

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(City	//State/Zip/Phone	· #)
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S. WARREN DEC 2 1 2017

COVER LETTER

TO:	Registration Se Division of Cor			•
C1:D 1	MY PEAC.	HIES, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ZUNAY RABELO. EA		
			Name of Person	
		JRA PROFESSIONAL SE	RVICES	
			Firm/Company	
-		8202 NW 1 ST		
			Address	
		DORAL, FL 33126		
			City/State and Zip Code	
		ZRABELO@JRAPROFES		
		E-mail address: (to be used for future annual report notif	ication)
For fu	irther information c	oncerning this matter, please ca	all:	
ZUN	AY RABELO		305 310-3965	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	he following amount:		
B S2	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 radditional 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY PEACHIES, LLC					
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000066949</u> .	were filed on MARCH 23RD, 2017 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	1665 W 76 ST IIIALEAH, FL 33014				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	1665 W 76 ST				
(Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33014				
Name of New Registered Agent: JRA PROFES:	SIONAL SERVICES				
New Registered Office Address: 8202 NW 14 S	Enter Florida street address				

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 hisbility company has been notified in writing of this change.

City

DORAL

If Changing Revistered Agent, Signature of New Registered Agent

Page 1 of 3

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	JOSE DURAN, JR	3855 BIRD ROAD	
		MIAMI, FL 33146	■ Remove
			□ Change
MGR	MAYTE CABRERIZA	1665 W 76 ST	Add
		HIALEAH, FL 33014	□ Remove
			Add
			Remove
			Change
			Add
			☐ Remove
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(If an effectiv	ve date is listed, the date	must be specific	and cannot be p		ling or more tha	n 90 days after	filing.) Pur	
Note: If t	he date inserted in this 's effective date on the	s block does no e Denartment c	ot meet the ap of State's reco	plicable statute rds.	ory filing requ	irements, this	date will	not be listed
		- 1						
the recor	d specifies a dela	ved effective	e date hut	not an effe	ctive time	at 12·∩1 =	am on	the earlier
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Dated	CEMBER 13TH		2017					_
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