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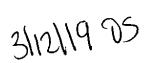
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## **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT: B	Name of Lire	norics nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Peggi	e McQueen Name of Person		
		Firm/Company		
	12405	Farly Run La.	o <b>e</b>	しう
	Riverview	FL 33578 City/State and Zip Code		
		Oveen a gmail.c. to be used for introduced report notion	·	
For further information c	oncerning this matter, please e			
Peggie N Name o	1 Person	at ( <b>§13</b> ) <b>220</b> ~( Area Code Daytim	0854 te Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURI	(ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company a	s it now appears on our records.)  lity Company)
The Articles of Organization for this Limited Liability Company well Florida document number <u>L 17000077802</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Peggie McQueen, LLC  The new name must be distinguishable and contain the words "Limited Liability Contains the words" Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" Liability Contains the words "Limited Liability Contains the words "Liability Contains the words" Liability Contains the words the words the words the words "Liability Contains the words" Liability Contains the words	<del></del>
Enter new principal offices address, if applicable:	22
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- 20 - 01
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the nev
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	Florida
New Pagistared Agent's Signature if changing Pagistared Agent	City Zip Code

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

•	If amending Authorized Person(s) authorized to manage,	enter the title, nam	ic, and address	s of each person	being added
	or removed from our records:				

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
			Remove
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e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:0	1 a.m. on the earlier
ated 2/28 . 2019		
Peaks Mc On authorize Signature of a member or authorize	ed representative of a member	
<u>.</u>	•	

Page 3 of 3

Filing Fee: \$25.00