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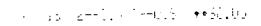
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





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COVER LETTER

TO:

FO: Registration So Division of Cor			
SURJECT:	PEACE M	AID L'LC	
10000CT	Name of Limi	ted Liability Company	
Certificate of Status Certified Copy Certificate of Status &			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Su	SAN ECK	2022 JU
		name of Person	
	PEA	KE MAID	
		Firm/Company	
	1815 McA	rthur Ave	527 G
		Address	
	Lehiah	FL 3397.	2
		City/State and Zip Code	-
	PEACE MAID E-mail address: (1	79 a mail. Con o be used forduture annual report notifi	ication)
For further information of	concerning this matter, please ca	ail:	
Susan	Eck	at (239) 851-	- 2981
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:	. —-	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of (Corporations	Division of Corp	porations
P.O. Box 63: Tallahassee,		The Centre of To 2415 N. Monroe	allahassee e Street, Suite 810
i ananassee,	1 5 7 5 7 1 7		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CLEAN		
(Name of the	Limited Liability Compan (A Florida Limited Li	y as it now appears o iability Company)	n our records.)

The Articles of Organization for this Limited Liabilit			 1	
	y Company were filed on	05/05/1	and ass	gned
Florida document number <u>L17000100</u>	<u>908</u>			
This amendment is submitted to amend the following	;;			
A. If amending name, enter the new name of the	limited liability company he	ere:		
PEACE MAID II	. C.			
The new name must be distinguishable and contain the words	Limited Liability Company," the d	lesignation "LLC" or the	abbréviation	C."
Enter new principal offices address, if applicable:			: (<u>=</u>	
(Principal office address MUST BE A STREET AL				
(Frincipal office address most be A STREET AL	<u></u>		- 	
			11,	(
Enter new mailing address, if applicable:		<u></u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>	
B. If amending the registered agent and/or regist		ecords, <u>enter the na</u>	ime of the nev	registere
Name of New Registered Agent:				
	Fnter Flo	rida street address		
Name of New Registered Agent:	Enter Flo	rida street address		
Name of New Registered Agent:		rida street address , Florida	7 in Cayle	
Name of New Registered Agent:	City		Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

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
			□∧dd
		 	□Remove
			□Change
			□Add
			□Remove
		2. 2.1	Remove
			□Change
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			Remove
			□Change
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			□Remove

□Change

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Effective date, if other	er than the date of f	filing:		(option	al)	(05.0207)
Note: If the date insert	I, the date must be specificated in this block does a late on the Department	not meet the applica	o date of filing or more ble statutory filing re	quirements, this c	ing.) Pursuant to late will not be	listed as t
record specifies a dela d is filed.	ayed effective date, bu	t not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day	after the
Dated JUL	1 14		-			
	Juli	of a member or author	rized representative of	nember		_
	Signature					

{

Filing Fee: \$25.00