## 117000127676

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷ #)
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(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Pe	ucocle Walk C Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	UICKI	Nelson Name of Person	<del></del>
	Peacock	Walk LLC Firm/Company	<del></del>
		Ilingham Road Address	
			~
	- CMI	City/State and Zip Code	<u> </u>
	NeLTE: E-mail address: (	IC Q a H. Net to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
UICKI /	Ve Isan f Person	at ( <u>407</u> ) <u>718</u> -	- 6561 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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 (additional 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

Peacock WAI		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) Ed Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on $6/2/300$	and assigned
Florida document number	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	office address on our records, ent	ter the name of the new.
registered agent and/or the new registered office address he		~ASE
		L SI
Name of New Registered Agent:		S N N
New Registered Office Address:		SET CO
-	Enter Florida street address	그의 🕦 🔭
	, Florida	SI 7 (5
	City	Zip Zide

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 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
MUR	Vicki Nelson	400 Willingham Road Chulluta FL 32766	<b>S</b> Add
			Remove
			Change
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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to dat ote: If the date inserted in this block does not meet the applicable	e of filing or more than 90 days after filing.) Pursuant to 605.
occument's effective date on the Department of State's records.	statutory trinig requirements, this date will not be use
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ated 9/26, 2017.  Signature of a member or authorized	

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Filing Fee: \$25.00