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S. YOUNG

# COVER LETTER

Division of Corporations
SUBJECT: David + 1983 Peach Frestats, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
140 Belaine It
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (850) 521-5492.  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sum_{\$25.00\$ Filing Fee} \sum_{\$30.00\$ Filing Fee & Certificate of Status} \sum_{\$Certified Copy (additional copy is enclosed)} \sum_{\$Certifi

## Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number L 17000130001 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: toven Beach Reutals, 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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 liability company has been notified in writing of this change.

City

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>	<u>Address</u>	Type of Action
mc_h	1500 Sample	140 Belaire Dr	□ Add
		Parma CHy Bead, FT. 32413	□Remove
			Change
<u>~~~</u>	Pavid Sonde	Ho Belgire Dr.	
		Parma City Frach; 3041	∏ □Remove
			XChange
MCL	berdall Miller	120 Heather Dr.	□Add
		Samo City Beach F	Remove
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