L17000 156687

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

Office Use Only



200342770772

04/08/20--01033--007 ++30.00

2020 APR -6 AM 7: 01

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PIECE OF MIND A Name of Limited	ELOSPACE LLC ed Liability Company	
ERIC P	Area Code Daytime Telephone Number at (954) 736-9413 Area Code Daytime Telephone Number d is a check for the following amount: .00 Filing Fee S S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Street Address:	
PIECE OF MI	ND AEROSPACE LL Firm/Company	<u>C</u>
8231 NV	J 1547 ST Address	
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter, please call	:	
ERIC PALENCIA Name of Person	at (954) 736-94! Area Code Daytime Telephon	Number
Enclosed is a check for the following amount:		
	Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIECE OF MIND AEROSPAC	E LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on $07/21/2017$ and assigned
Florida document number <u>L17000156687</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
PEACE OF MIND AS	LOSPACE LLC
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 11 C3
	No.
	.55 6
Entar non-mailing address if applicables	AGGI NVI ICH CTEP E
Enter new mailing address, if applicable:	825(1111 15 5 5
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	· · · · ·
B. If amending the registered agent and/or registered office at	defect on any records, anter the name of the new register
agent and/or the new registered office address here:	duress on our records, enter the hame of the new register
Name of New Registered Agent:	
New Registered Office Address:	
-	Extra Charles treat relative

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.

Cin

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			C C AT C C C C C C C C C C C C C C C C C
			GAC CO :
		□ Add	
		<u></u>	
			□ Add
			□Remove
			□Change

				.				-			
								· · · · · · · · · · · · · · · · · · ·			
								* ************************************			
	 							<u>-</u>			
		•••									
		•									
										•	
									72 67 67		2026
								·	; ;>		ΛPR
						· 			<u></u>	<u>53</u>	} -6
 .				_ .					: in	C	<u> </u>
									, O.	<u> </u>	Ξε ~1
				-	<u>-</u>	·······			5		<u>:-</u>
											
n effective da i <u>te:</u> If the di cument`s eff	te is listed, the o ate inserted in fective date of	tan the date of date must be spec this block doe in the Departme effective date, b	rific and is not m ant of Si	cannot be p seet the app tate's reco	rior to date plicable st rds.	of filing or tatutory fi	more than ing requir	90 days afte ements, th	is date wil	l not b	e liste
ted	IPRIL	157	·	207	20	?					
			-	1							
				nember or a	Justine 11 1						

. . .

. . .

Filing Fee: \$25.00