## L17000188687

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<del>-</del>
Certified Copies		
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J. HARRIS

## **COVER LETTER**

	ision of Corp			
SUBJECT:		PEALCO	uc:	
		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return	i all correspo	ndence concerning this matter t	o the following:	
		<i>D</i> /	AVID ZEVALVOS Name of Person	·
			CMN CIP-	
			Address  CAD FL 3381  City/State and Zip Code	
For further i	information c	E-mail address: () oncerning this matter, please ea	5 DAVID & GMP to be used for future annual report not all:	ification)
	Name o	1 Person	at ()	ne Telephone Number
Enclosed is	a check for th	he following amount:		
S25.00	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)
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clinon Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 9/5/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability 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	<u>s</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		• : 1
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		nter the name of the new
	/	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	Cuy	Zip Code

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

f Title	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			· D Add
			☐ Remove
			☐ Change
			D Add
			Remove
			D Add
			□ Remove
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			Add 22
			D Remove
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			☐ Change

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ctive da	ite, if other than date is listed, the date date inserted in thi effective date on th	s block does not m	icet the applicab	date of filing or i	(optional) nore than 90 days after filing.) ng requirements, this date w	Pursuant to 605.0 fill not be listed
	.=	yed effective d	ate, but not	an effective	time, at 12:01 a.m. o	n the earlie
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Filing Fee: \$25.00