1180000028406

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Peter	s' Properties or	nd Investment- ited Liability Company	<u>s</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RANDY Pel	Name of Person	
		Firm/Company	
	P.O. Box 130	L O	
	Lithia, Fl.	33547 City/State and Zip Code me buge legens i/o to be used for future and al report notif	
	homelandho E-mail address:	me buye Regmail. to be used for future annual report notif	<u>Com</u>
For further information of	concerning this matter, please c		
RANDYL	Peters of Person	at (<u>727</u>) <u>7739-7</u> Area Code Daytime	5530 Telephone Number
Enclosed is a check for t	he 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:

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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

Peters' Properties and Tavestments
(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 Compan	ry were filed on Nor: [30, 20 ff and assigned	
Florida document number 1 18000028406.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Homeland Home Ruyers, 14C The new name must be distinguishable and contain the words "Limited Lial	hility Company "the decignation "LLC" or the abbraviation "LLC"	
Enter new principal offices address, if applicable:	7825 Lithia Precrest Rd.	
(Principal office address MUST BE A STREET ADDRESS)	Lithia, F1. 33547	
	200 126	
Enter new mailing address, if applicable:	P.O.Box 136 1: thia, FL 33547	
(Mailing address MAY BE A POST OFFICE BOX)	L.+MB, FL. 35591	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the new	
New Registered Office Address:	Fretue Florida stands of land	
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is	
[f Ch	anging Registered Agent, Signature of New Registered Agent	

If amending or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, an	d address of each person being added
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
,			Remove
			Change
			Remove Change
			☐ Add ☐ Remoye
			☐ Change
			Remove
			Change
			
			Remove
			Change
			Remove
			□ Change

Signature of a member or authorized representative of a member 5:23-2019	f amendin	g any other information, enter change(s) here: (Attach additi	ional sheets, if necessary.)
Ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Add Add Add Add Add Add Add Add Add Ad		· · · · · · · · · · · · · · · · · · ·	
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Signature of a member or authorized representative of a member 5-23-2019	ated	· · · · · · · · · · · · · · · · · · ·	
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5-23-2019	_	Signature of a member or authorized representative	e of a member
		5-23-2019	

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Filing Fee: \$25.00