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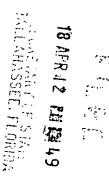
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co	rporations			
ZAMORA SUBJECT:	S PEACE WORK LLC			
Subject.	Name of Lin	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	EDGAR ARMANDO AI	RCILA		
		Name of Person		
	XACTO TAX SERVICES	LLC		
	Firm/Company			
		Address	 	
	PORT ST. LUCIE, FL 34	1953		
		City/State and Zip Code		
	xactotax@Gmail.com			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information (concerning this matter, please c	all:		
EDGAR ARMANDO	ARCILA	at () 834-1190 Area Code Daytime		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	the 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:

TO:

Registration Section

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

ZAMORAS PEACE WORK LLC				
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	-		
The Articles of Organization for this Limited Liab	oility Company were filed on 03/13/18		and ass	igned
Florida document number L18000066166	·			
his amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability company here:			
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	abbrevia	ation "L.	L.C."
Enter new principal offices address, if applicab	ole:			
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:			-	
Mailing address MAY BE A POST OFFICE BO	<u></u>	- : : : : : : : : : : : : : : : : : : :	<u>∞</u>	
		HASS.	20 2	\$ B
If amending the registered agent and/or registered agent and/or the new registered office	ne of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) its Limited Liability Company were filed on 03/13/18 and assigned 066166 mend the following: new name of the limited liability company here: Id contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ess, if applicable: BE A STREET ADDRESS) plicable: IT OFFICE BOX) agent and/or registered office address on our records, enter The name of the new registered office address here: Agent: ddress: Enter Florida street address			
egistered agent and, or the new registered onto	ee uddress nore	SEA VIS		graphs C
Name of New Registered Agent:		<u> </u>	5	
New Registered Office Address:	Futor Florida stroot address			
	, Florida	Zi	p 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRYAN J ZAMORA	2471 SW Webster Lane	⊠ Add
		Port St. Lucie, FL 34953	☐ Remove
		90%	Change
MGR	RACHEL M UBALS	2471 SW Webster Lane	Add
		Port St. Lucie, FL 34953	□ Remove
		10%	Change
			Add
			□ Remove
			☐ Change
			Add
			Renactive Change
			Pac
			Change
			Add
			Remove
			☐ Change

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	04/09/18			9	
ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be prior to da does not meet the applicable	te of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursu ents, this date will no	ant to 605. of be liste	.020° cd as
record specifies a delayed ef he 90th day after the record		effective time, at 1	12:01 a.m. on th	e earlie	er o
ed	2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00