118000/45/34

| (F | Requestor's Name) | |
|----------------------|-------------------------|-------------|
| (/ | Address) | |
| (/ | Address) | |
| ((| City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (F | Business Entity Name) | <u>-</u> |
| | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
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Office Use Only



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12/12/18--81808--813 **25.88



December 19, 2018

DEBORAH GREEN 2 OCEANS WEST BLVD, #1709 DAYNTONA BEACH SHORES, FL 32118

SUBJECT: PERU PATH LLC Ref. Number: L18000145134

We have received your document for PERU PATH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 018A00026051

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

DOWN TO THE PROPERTY OF THE PR

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---------------|------------------------------------|---|---|---|
| SUBJE | Peru Path I | 1.C | | |
| 300,71 | <u> </u> | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Deborah A Green | | |
| | | Peru Path LLC | Name of Person | |
| | | 2 Oceans West Blvd #1709 | Firm/Company | |
| | | Daytona Beach Shores, Flo | Address orida 32118 | |
| | | greendeb714@yahoo.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For fur | ther information c | oncerning this matter, please ca | oll: | |
| Debora | ah A Green | | 727 656-9444 at () Area Code Daytime | |
| | Name o | f Person | Area Code Daytim | : Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| ■ \$2: | 5.00 Filmg 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:

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

| Peru Path LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lia | ompany as it now appears on our records, inted Liability Company) |) |
| The Articles of Organization for this Limited Liability Composition of the Composition of | pany were filed on | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u>S)</u> | |
| | | |
| | | (س) |
| inter new mailing address, if applicable: | | , |
| Mailing address MAY BE A POST OFFICE BOX) | | , , |
| | | |
| | | :: |
| 3. If amending the registered agent and/or registere | ed office address on our records. | enter the name of the |
| egistered agent and/or the new registered office address | | يد |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | - |
| | | |
| | , Flor | ida Zip Code |
| | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> Deborah A Green | <u>Address</u> | Type of Action |
|--------------|--------------------------------|---------------------------------|----------------|
| MGR | | | |
| | | 2 Oceans West Blvd 1709 | □ Remove |
| | | Daytona Beach Shores, Fl. 32118 | ■ Change |
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| ective date, if other than the date of filing: | 19 (111 - 2) (111 - 2) (3) |
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| | er filing.) Pursuant to 605.0 iis date will not be listed |
| ument's effective date on the Department of State's records. | |
| record energifies a delayed offertive data, but act as effective time, at 12.04 | Fb 10 - |
| record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed. | a.m. on the earlier |
| D | |
| December 10 2018 | |
| Mark Comment | |
| Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00