

L18000151834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

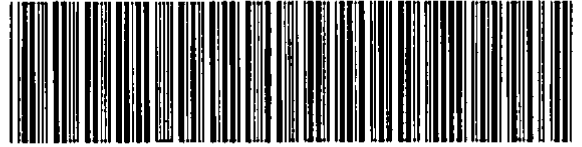
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/20--01004--023 **30.00

2020 MAY 14 PM 12:22

O SIMMONS

JUN 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A place of peace 2LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shantavia Cooper
Name of Person

A place of peace 2LLC
Firm/Company

Address

41 S. Charles Richard Beall Blvd Debar
City/State and Zip Code 32713
2 place of peace@gmail.com Suite 1
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shantavia Cooper at (386) 598 4975
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A place of peace 2 LLC 2020 MAY 14 PM 12:22

(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 Company were filed on 6/20/2018 and assigned
Florida document number L180001518.34

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

41 S. Charles Richard
Deal Blvd Debary
FL 32713 Suite A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

change of address and added
managing member

2023 MAY 14 PM 12:22

41 S. US HWY 17-92 is the
same as Charles Richard Beall
Bird in Debarry.

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05-12, 2020.



Signature of a member or authorized representative of a member

Shantana Cooper

Typed or printed name of signee



2019/2020

City of DeBary Business Tax Receipt

Issued pursuant to F.S. 205 and City of DeBary Code of Ordinances Article I, Chapter 18 by:
City of DeBary * 16 Colomba Road * DeBary, FL 32713 * 386-601-0238

EXPIRES: 09/30/20

CITY APPROVAL #: 04282002

BUSINESS LOCATION: 41 S US HWY 17-92

BUSINESS NAME: A Place of Peace 2, LLC

OWNER NAME: A Place of Peace 2, LLC

MAILING ADDRESS: Shantavia Cooper
1931 N Washington Dr
Deltona, FL 32738

BUSINESS TYPE: Congregate Living Facility

FEES:	Congregate Living Facility	24.50
	Fire Fee	50.00

TOTAL: 74.50

This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within the City of DeBary. This receipt is non-regulatory in nature and is not meant to be a certification of a holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

The business must meet all City planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.

The information contained on this Business Tax Receipt must be kept up to date. Contact the City of DeBary Planning and Zoning Office for instructions on making changes to your account.

**THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE POSTED
CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS

City of DeBary Business Tax Receipt

City of DeBary * 16 Colomba Road * DeBary, FL 32713 * 386-601-0238

DATE ISSUED/PAID: 04/28/20

BUSINESS NAME: A Place of Peace 2, LLC

TOTAL FEES: \$ 74.50

OWNER NAME: A Place of Peace 2, LLC

MAILING ADDRESS: Shantavia Cooper

CITY APPROVAL #: 04282002

1931 N Washington Dr

LICENSE #: LO-00912

Deltona, FL 32738

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EXPIRES: 09/30/20

BUSINESS LOCATION: 41 S US HWY 17-92