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7.5.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Peacock Alley Construction LLC Jame 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:
Michael Cuballono Name of Person
Peacher Alley Construction Le
1909 W. Dekle Ave H3
Tamph FL 33606 City/State and Zip Code
Paral address: (to be used for future annual report notification). Com
For further information concerning this matter, please call:
Mi Chael Caballero at (225) 281 - 5258 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) 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

Pourock Alley (Name of the Limited Lia	Construction Lability Company as it now appears on o	L C our records.)
The Articles of Organization for this Limited Liabilit	ticles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the following	d to amend the following: er the new name of the limited liability company here: hable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." s address, if applicable: UST BE A STREET ADDRESS) s, if applicable:	
Articles of Organization for this Limited Liability Company were filed on		
orida document number		
Enter new principal offices address, if applicable:		
(Principal office address MUST <u>BE A STREET AL</u>	this Limited Liability Company were filed on	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
C. C. C.	4.	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		, Florida Zip Code
	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

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
MGR	Mignel, Duran A	3119 W Haya St	Add
	J	3114 W Haya St Tampa, FL 33614	<u></u> ™ Remove
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		.	Remove
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effective date is listed, the date	must be specific and cannot be prices block does not meet the appl	or to date of filing or more the	ın 90 days after filing.) Pursu	
	e Department of State's record			
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record specifies a dela he 90th day after the	yed effective date, but n record is filed.	ot an effective time,	at 12:01 a.m. on th	e earner
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Page 3 of 3

Filing Fee: \$25.00