# 119000034698

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	<del>(</del> )
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name	)
(De	ocument Number)	
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# **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	PERU (OMPA) Name of Lin	H UC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHIRIE	COPREA  Name of Person	
	_ PERU CO	MANY LLC Firm/Company	
	4663 CASO	W COVE DR, APT 1	811
	OPLAND, FL	City/State and Zip Code	<del></del>
	SHIPLET COPPE E-mail address: (	A 24@ GMAIL. COM to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
SHIFLEY	f Person	at (813) 573-9	594
ivaine o	rerson	Area Code Daytime	Telephone Number
Enclased is a check for th	e 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/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 (IMPANT) LIC

(Name of the Limited Liability Company as it now appears on corresponds.) A 11: 33

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on O2 04 12019 (Finand/assigned Florida document number 1900034698

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MOE TERMOGIES 120

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN FL 34787

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

## New Registered Agent's Signature, if changing Registered Agent:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

Zip Code

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	DUAN DAVID GONZALEZ	15457 MURCOTT HAVEST	<b></b> _ <b></b> Add
		LOOP.	Remove
		WINTER GARDEN, FL 3478	T Change
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-	
(If an eff	ive date, if other than the date of filing:
the red ) The	ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of $90$ th day after the record is filed.
Dated	MAY 1077 2019.
	- Alahad
	regnature of a member or authorized representative of a member
	SHUPLET VANESSA COTEMEA

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Filing Fee: \$25.00