L190000067699

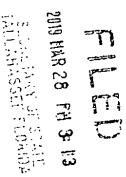
(F	Requestor's Name)	
	Address)	
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	Business Entity Name)	
(I	Document Number)	<u> </u>
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COVER LETTER

	Division of Corp						
eun re co	MPEEPS, L						
SUBJECT	l';	Name of Limi	ited Liability Company				
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.				
Please rett	ırn all correspo	ndence concerning this matter	to the following:				
		Michael Peeples					
		MPEEPS, LLC	Name of Person		_		
			Firm/Company		_		
		24254 Royal Fern Dr.	. ,				
		Lutz, FL, 33559	Address		_		
		mpeeples5@hotmail.com	City/State and Zip Code		-		
			to be used for future annual report	notification)			
For furthe	r information co	oncerning this matter, please ca	•	· -			
Michael P		· ·	813 417-814.	3	TALL.	3 6102	es.vij.
	Name of	Person		ytime Telephone Numbe	Time State of the	EAR 20 I	; was
Enclosed i	is a check for th	e following amount:			<u>, =</u> ;	ದ್	a :
\$25.00	0 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &	·*•.
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	Registration Se Division of Co Clifton Buildir	rporations ng e Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPEEPS, LLC		
(<u>Name of the Limited Liabi</u> i (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L190000067699	Company were filed on 3/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" o	or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
		2 B
		SS 22 FF
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Er 😛 📆
		3 5 5
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	<u>Address</u>	Type of Action
MGR	Michael Peeples	24254 Royal Fern Dr., Lutz, FL. 33559	≘ Add
			Remove
			Change
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			Remove
			☐ Change
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	7,7 ***	2/25/2010					
ective date, if other than the		3/25/2019			(optional)		
ective date, if other than the n effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the E	lock does not mee	et the applical	o date of filing of ble statutory f	r more than 90 d iling requireme	ays after filing.) P nts, this date wi	ursuant to t II not be I	605,02 listed
record specifies a delaye	d effective dat	ce, but not	an effectiv	e time, at 1	2:01 a.m. or	the ea	rlier
he 90th day after the red	.ora is filea.						
ted March 25		2019					
	100	12					

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00