

L19 000136441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

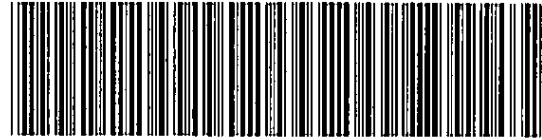
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 SEP 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

LP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2022

MARY DORENDORF
4612 SW 17TH AVENUE
CAPE CORAL, FL 33914

SUBJECT: WE ARE PEACOCK LLC
Ref. Number: L19000136441

*Please see
redone
form*

We have received your document for WE ARE PEACOCK LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 622A00020256

2022 SEP 27 AM 9:45

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 SEP 27 PM 3:15

We Are Peacock LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/21/19 and assigned
Florida document number L19000136441

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)

2048 NW 4th St
Cape Coral FL 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4612 SW 17th Ave
Cape Coral FL 33914

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:

Ryan McLean

New Registered Office Address:

2048 NW 4th St
Enter Florida street address

Cape Coral, Florida FL 33914
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.

Ryan McLean

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>	<u>Type of Action</u>
Mgr	Bruce Dorendos	4612 SW 17 th Ave Cape Coral FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Mgr	Mary Dorendos	4612 SW 17 th Ave Cape Coral FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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2022 SEP 27 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

FD-302

(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)

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.

9/26 2022

Signature of a member

Signature of a member or authorized representative of a member

Jenny McLean
Typed or printed

Typed or printed name of signee

Filing Fee: \$25.00