Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H20000381961 3)))



H200003819613ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Corporations	1
	Fax Number : (850)617-6380	<u> </u>
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE	E, INC.
	Account Number : I2000000019	<u> </u>
	Phone : (305)552-5973	5.1.
	Fax Number : (305)675-5944	
**Enter	the email address for this business entity to be a	used for futui
ann	nual report mailings. Enter only one email address	please.**
Ema	nil Address:	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CHARLES & PETER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00 <b>⊂</b>

1255 : O VON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHARLES & PETER, LLC					
(Name of the Lin	nited Liability ( (A Florida Li	Company as it now appears on our reco mited Liability Company)	rds.)		
The Articles of Organization for this Limited				and acc	a
Florida document number L19000229071				and ass	igned
This amendment is submitted to amend the fo	llowing:			ation "L.L.C."	
A. If amending name, enter the new name	of the limited	l liability company here:			
N/A			our records, enter the name of the new		
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LL	C" or the abbrevia	ation "L.I	L.C."
Enter new principal offices address, if appli		N/A			
(Principal office address MUST BE A STRE	(2.5)				
			<del></del>	<del></del> -	
Enter new mailing address, if applicable:		N/A	1252	3202	
(Mailing address MAY BE A POST OFFICE	(BOX)		-;	10	
			, ,	1	
			7.7		
<ul> <li>B. If amending the registered agent and registered agent and/or the new registered of</li> </ul>	or registere	ed office address on our record	ls, enter the	name o	f the inev
and of the new registered of	ince autress	o nere:	B*.	ro To	
Name of New Registered Agent:	N/A		,. ,	100	
New Registered Office Address:					
		Enter Florida street addre.	35		
		FI	lorida		
		City		Code	<del></del> .

## 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> PEDRO M. NIETO	Address	Type of Action
MGR		10678 FONTAINLEBLEAU BLVD MIAMI, FL 33172	□ Add
		WIPAWI, PL 33172	Remove
MCD	PEDRO D. NIETO	10678 FONTAINLEBLEAU BLVD	☐ Change
MGR		MIAMI, FL 33172	
			Remove
		<del></del>	☐ Change
		<del></del>	D Add
		<del></del>	□ Remove
			Change
<del></del>	<del></del>		
		<del></del>	□ Remove
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
<del></del>			
			☐ Remove
			□ Change

1/04/2020		3052201440	LAZARUS CORPORATE	PAGE 847
). If amendi	лg any oth	er information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
_	•		· · · · · · · · · · · · · · · · · · ·	
<del></del>	<del>-</del>	<del></del>		
<del></del>				
		·		
<del></del>		<del></del>		
	<del></del>			<u> </u>
<del></del>				
				<del></del>
				<del>_</del>
				<del></del>
			<u> </u>	<del></del>
<del></del> -				
	<u></u>			
				<del></del>
				<u> </u>
			11/02/2020	
Effective da	te, if other	than the date of fili	ng:(optional)	
1,010	and modic	a m ans stock ance not	meet the applicable statutory filing requirements, this date will not	nt to 605.0207 (3
document's e	ffective dat	e on the Department of	State's records.	oc nated as th
ne record s	pecifies a	delayed effective	date, but not an effective time, at 12:01 a.m. on the	e earlier of:
The 90th	day afte	r the record is filed	1.	•
MOVE	MDED 02			
Dated	MBER 02	·	2020	
	$\sim$	И		
	/ 20	uno lonens	a member or authorized representative of a member	
		\ Signathre of a	a member or authorized representative of a member	
LA	AURA BOR	JAS		
			Typed or printed name of signer	