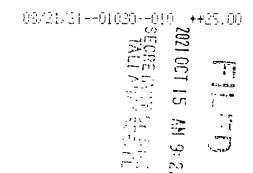
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(Requestor's Name)
(Address)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Peerless Pr	operties Group, LLC Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lydia Peer		
	Lyuia Feet	Name of Person	
	-	Firm/Company	
	908 N Dixie Highway #24	1 Address	
	Boca Raton, Fl 33432	City/State and Zip Code	
	Ivdiapeer@outlook.com E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	all:	
Lydia Peer		at ( 201 ) 400-7494	
Name o	t Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/12/2019	and assigned
Florida document number <u>L19000280409</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lie	ability company here:	
PEERLESS BUSINESS MANAGEMENT, LLC The new name must be distinguishable and contain the words "Limited Lic	ability 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)		
Enter new mailing address, if applicable:		2021 C
(Mailing address MAY BE A POST OFFICE BOX)		
inmang maness star ht. A POST OF THE HOST		क उन्ह
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a Zip Code

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

PEERLESS PROPERTIES GROUP, LLC

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
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Filing Fee: \$25.00