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COVER LETTER

Division of Cor	porations		
SUBJECT:	PEACOCK(V/// Name of Lim	ENTERPRISES	; LC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RICHAR	Name of Person	
	PEACOCK	VILLE FAITERPRI. Firm/Company	SES, LLC
	<u> 1860 St</u>	HARPE LANE	
	DUNED	City/State and Zip Code	34698
	E-mail address:	Xalon @ M 5 n. to be used for future annual report notif	COM
For further information c	oncerning this matter, please ca	all: ·	
DOROTH Name o	Y ALBERO (Person	at (<u>201</u>) <u>337-9</u> Area Code Daytime	8526 e Telephone Number
Enclosed is a check for the	ne 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)
Mailina Addres	£-	Street Address:	

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

LEACOCKVILLE EX	STERPRISES, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L1900302121}$.	were filed on 12-11-2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbr	eviation "L.IC." 2020
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		<u>. 9 T</u>
		. 12 ED
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name	of the new registere
agent and/or the new registered office address here.		
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Floright street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	zaje v om
New Registered Agent's Signature, it 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>	Address	Type of Action
11GP	KICHARD ALBERO	1860 SHARPELANE, DUNEDIN) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
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ective date, if other than the effective date is listed, the date mu	e date of filing:	to date of filing or more th	(optional	al) ing.) Pursuant	to 605.020
te: If the date inserted in this b	block does not meet the applic	able statutory filing rec	quirements, this d	ate will not b	e listed a
rument's effective date on the D	repartment of state's records.				
	ve date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day	y after the
ecord specifies a delayed effective					
s filed.	-2/2 -				
s filed.	_	·			
ecord specifies a delayed effectives filed. ItedOVEN BER	25. 2020 Dorothy Ol Signature of a mymber or author	 bere			