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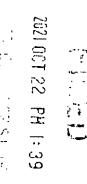
(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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COVER LETTER

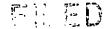
TO: Registration So Division of Cor			
PETE 2020	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	DONNA SMIT		
		Name of Person	
	BREVARD ACCOUNTIN	G GROUP, CPAs, PA	
		Firm/Company	
	150 FORTENBERRY RD	VILLA A	
	-	Address	
	MERRITT ISLAND, FLO	RIDA32952	
		City/State and Zip Code	
	DMS@BAGCPA.COM		
	E-mail address: (to be used for future annual report not	fication)
For further information c	concerning this matter, please ca	ill:	
DONNA SMIT		321 452-5061	
Name o	ı' Person	Area Code Daytin	te Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PETE 2020 LLC 262LOCT 22 PH 1: 39 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/09/2020}{1}$ and assigned Florida document number L20000076666 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 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
MGR ARTHUR MITROPOLOS	6109 DEES ROAD		
	COCOA. FLORIDA 32927	■ Remove	
			⊡Change
		□Remove	
		Change	
		⊡Add	
		□ Remove	
			□Change
		□Add	
		□Remove	
		Change	
		□Remove	
		□Change	
		□Add	
			Remove
			□Change

(If an ef Note:	ive date, if other than the date of filing: [10/18/2021] [cetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	d 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 led.
Dated	10-19-21
	fitte
	Signature of a member or authorized representative of a member
	PETER MITROPOULOS
	Typed or printed name of signee