L20000119182

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500374986365

11/03/21--01018--019 **25.00

ALLAHASON, F.

2021 NOY -3 PH 2:51

Himind

NOV 1) 4 2021 I ALBRITTON 7, - 3 Ell 6:43

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

PEEGZ 1, LLC		
		Art of Inc. File
· · ·		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitions Owner Search
2.8		Vehicle Search
	 	Driving Record
Requested by: SETH		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
rance	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO:	Registration S Division of Co	Section orporations		
SUBJEC	PEEGZ 1,	LLC		
	··· ———	Name of Li	mited Liability Company	•
The enclo	osed Articles o	f Amendment and fec(s) are su	bmitted for filing.	
		ondence concerning this matte		
		Gregory S. Oropeza, Esq.		
			Name of Person	
		Oropeza, Stones & Carde	nas, PLLC	
			Firm/Company	<u> </u>
		221 Simonton Street		
			Address	
		Key West, FL 33040		
		greg@oropezastonescarder	City/State and Zip Code	 -
			to be used for future annual report no	tification)
For further	r information c	oncerning this matter, please o		
Gae Ganis	ster		305 294-0252	
	Name o	f Person	at () Area Code Daytii	me Teiephone Number
Enclosed is	s a check for th	ne following amount:		
□ \$25.00) Filing Fec	□ \$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)
	lailing Address egistration S		<u>Street Address:</u> Registration Se	ection
D	ivision of Co	orporations	Division of Co.	rporations
Р.	O. Box 632'	7	The Centre of "	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEEGZ I, LLC					
(<u>Name of the Li</u> i	nited Liability C (A Florida Lir	ompany as it now appears nited Liability Company)	on our records.)		
The Articles of Organization for this Limited	Liability Com	pany were filed on ^{July}	2, 2020	and assign	10-01
Florida document number L20000179182					, , , ,
This amendment is submitted to amend the fo					
A. If amending name, enter the new name	of the limited	liability company her	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the	words "Limited	Liability Company," the des	ignation "LLC" or the a	ibbreviation "L.L.C	
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRES.	<u> </u>			
		-		203	
Enter new mailing address, if applicable:		N/A		 	
(Mailing address MAY BE A POST OFFICE	E BOX)			ယ်	
				三三	
				œ.	المنصور
B. If amending the registered agent and/or agent and/or the new registered office addr	registered off ess_here:	ice address on our rec	ords, <u>enter the nan</u>	ne of the new re	gisterec
N. Anna San	N/A				
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:					
		Enter Florida	i street address		
			, Florida		
		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.

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>	Name	Address	Type of Action
MGR	Tawnee Pollner	1 Palmetto Drive	
		Key West, FL 33040	
			Change
			□Add
			□Remove
			□Add
		-	□Remove
			□Change
···			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
_ _			□Add
			□ Remove
			□ Changa

	· · · · · · · · · · · · · · · · · · ·			
		·		
				
				···
				
				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		-		
				
			*	
				
Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	our oues not meet the appl	icable statimory films	Promite this de	al) ng.) Pursuant to 605.0207 ite will not be listed as
record specifies a delayed effectiv is filed.	e date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
November 3	2021			
6		 ·		
<i>v</i>)				
	Signature of a member or auti	norized representative of	f a member	

Filing Fee: \$25.00