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COVER LETTER

Division of Corpor	rations				
SUBJECT:P	ACOCK Prem Name of Limit	1 er Properties ited Liability Company	LIC_		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Kriste	Name of Person			
		Firm/Company			
	1161 SA	Arlo Circle Address		20	SEVE
	ENGLEWOOD	City/State and Zip Code		20 JUL 11 AM11: 18	が記れる
-		to be used for future annual report notifi		AH II	KY OF STATE CORPORATIONS
For further information cond	erning this matter, please ca	all:		- 2	HOH VIE
Kristen C Name of Pe	ON+1	at (94/1) 286 Area Code Daytime	- 8486 Telephone Number	-	ဟ
Enclosed is a check for the f	ollowing amount:				
.	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is e	atus &	
Mailing Address:		Street Address:			

TO:

Registration Section

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

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

PEACOCK Premier Properties LC
(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 <u>June 29, 2020</u> and assigned Florida document number <u>L20000182030</u> .
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 "LLC."
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
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

If Changing Registered Agent, Signature of New Registered Agent

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
<u>AMBR</u>	David J CONTI	1161 Sharlo Circle	🗆 Add
		1/61 Sharlo Circle Englewood Fl 34224	Remove
			По
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

Page 2 of 3

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If an effecti Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member