# LZO 000 217588

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



09/24/20 -01015--030 - #2,5.00





## COVER LETTER

#### TO: Registration Section Division of Corporations

1LC Peacher 1 SUBJECT: same of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Thomas Name of Person PEACHES D' LITE LLC 3428 Charles Ave Miami, F1 33133 NSUN 2243 @ hell. South . Ne.

For further information concerning this matter, please call:

at (<u>186</u>) <u>253 - 7027</u> Area Code Davime Telephone Number amela Thomas

Enclosed is a check for the following amount:

S25.00 Filing Fee

Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy fadditional copy is enclosed)

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 A	AMENDMENT
TC	-
ARTICLES OF O	
(Name of the Limited Liability Compan (A Florida Limited Li	TOPO AUG 24 PM 12: 57 <u>AUG 24 PM 12: 57</u> <u>AUG 24 PM 12: 57</u>
The Articles of Organization for this Limited Liability Company v Florida document number <u>ACCCCD217588</u>	were filed on $\frac{7(23)20}{20}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> l	<u>lity company here</u> :
The new name must be distinguishable and contain the words "Limited Liabili	ity 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: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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 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 ÷

٦

<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	THOMAS, PAMELA	3428 CHARLES AVE	E Add
		MIAMI, FI 33133	🗆 Remove
			🗆 Change
<u>M6R</u>	THOMAS, DD	3428 CHARLES AVE	🗆 Add
		<u>3428 (HARLES AVE</u> MIAMI, FI 33133	ZRemove
			Change
			🗋 Add
			🗌 Remove
			□ Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Change

• •	•	4
-----	---	---

D. I	f amending any	other information.	enter change(s) here:	(Attach additional	sheets, if ne	cessary)
------	----------------	--------------------	-----------------------	--------------------	---------------	----------

······································
 ·····
 ······································
 ·
······································

If the record 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 record is filed.

Dated	August 19 2020	
	Parel Hum	
	Sugnature of a member or authorized representative of a member	
	Typed or printed name of signee	