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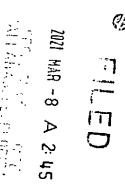
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COVER LETTER

Tallahassee, FL 32314

	ation Secti n of Corpo			
	TED CELL	EDGILO	:	
SUBJECT: PE	IER SELL	Name of Lim	ited Liability Company	
4				
The enclosed Art	ticles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	lence concerning this matter	to the following:	
		JOSHUA SHEMTOV		
			Name of Person	
		PETER SELLERS LLC		
			Firm/Company	
		7135 RUE GRANVILLE	4	
			Address	
		NORTH BAY VILLAGE F		
			City/State and Zip Code	
		JOSHUA@MIAMISOLD.0	COM to be used for future annual report notificat	ion)
For further infor	mation con	cerning this matter, please co		,
JOSHUA SHEM			at (<u>305</u>) 772-6525	
Name of Person		erson	Area Code Daytime Te	lephone Number
Enclosed is a cho	eck for the	following amount:		
፟፟ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified; Copy (additional copy is ettelosed)
	Address:	ction	Street Address: Registration Section	n
Divisio		porations	Division of Corpor The Centre of Talla	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PETER SELLERS LLC		
(Name of the Limi	ted Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited L	iability Company were filed on 09/18/2020	and assigned
Horida document number L20000294364	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company." the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	-
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
		£2
If amending the registered agent and/or to gent and/or the new registered office addre	registered office address on our records, <u>ente</u> ss here:	r the name of the new registe
agent uno/or the new registered office address	33 ICCC .	图 图 7
Name of New Registered Agent:	JOHN-JASON MCCARTHY	8 7
New Registered Office Address:	345 OCEAN DRIVE APT 1022	D ITI
new Registered Office Address.	Enter Florida street addr	80 ST 20 O
	MIAMI BEACH	33 139

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ARIEL GLEIZER	345 OCEAN DRIVE 1025	X)Add
		MIAMI BEACH FL 33139	□Remove
			Change
MGR	GUILLERMO GLEIZER	345 OCEAN DRIVE 1025	□Add
		MIAMI BEACH FL 33139	⊠ Remove
			□Change
			□Add
			Remove
			—————————————————————————————————————
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record speci	fies a delaye	d offective da	ae, but not	an effective	e time, at	12:01 a.m. c	n the earlie	rof: (b) T	he 90th c	day after th	ıc
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