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10.

COVER LETTER

Division of Cor	porations		
SUBJECT: P	eace Doc Name of Lim	k, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MiKHAi	MIRER	
	Peace L	Name of Person OCK, LLC Firm/Company	· ·
	1022 NE	25th Ake	hue
	Mirermo E-mail address: (City/State and Zip Code Output Outpu	OM leation)
	oncerning this matter, please ca		
MikHAiL Name o	MIRER	at (<u>516</u>) <u>220</u> Area Code Daytime	- 0794 Telephone Number
Enclosed is a check for th		, · · ·	
\$25.00 Filing Fee	□ \$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)

TO:

Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Limited I		, ,	
The Articles of Organization for this Limite Florida document number $\angle 2000$	d Liability Company 032836/	were filed on _/O	/16/20.	20 and assigned
This amendment is submitted to amend the	following:			
A. If amending name, enter the new nam	e of the limited liab	ility company here:		
The new name must be distinguishable and contain to	he words "Limited Liabil	ity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if app	plicable:	1022 A	1E 25	"AVENUE
(Principal office address MUST BE A STR	EET ADDRESS)	Hallan	bale E	seach, FL
				33004
Enter new mailing address, if applicable:		1022 N		Avenue
(Mailing address MAY BE A POST OFFIC	CE BOX)	Hallan	dale	Beach, FL
				33009
D. If amonding the registered agent and/	an manistanced office of		ada aastaa tha aasaa	7: 2
B. If amending the registered agent and/o agent and/or the new registered office ado		idaress on our recoi	rus, <u>enter the nan</u>	ie of-the new/registered
Name of New Registered Agent:	Miki	WE 2	MIREL	2
New Registered Office Address:	1022	_ · 		nue
	Hallandal	Enter Florida s L Blach		33009
	11 - 11 - 19 19 1-	City	Florida	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>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Iring Belyku-Micer	1022 NE 25th Ave Hallandale Blach IFL:	\Z \\dd
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ective date, if other than the date of	of filing:		(option	nal)	
neffective date is listed, the date must be spe te: If the date inserted in this block do- tument's effective date on the Departm	es not meet the app	licable statutory filir	nore than 90 days after the g requirements, this o	ling.) Pursuant date will not b	to 605,020 se listed as
ument's effective date on the Departm	eni oi state s recor	us.			
ecord specifies a delayed effective date, s filed.	but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day	y after the
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red 00/19/2021	/	·			
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Filing Fee: \$25.00