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





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T. MATTHEWS APR - 1 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Peach Pour UC Name 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:
Sensuella Murcey Name of Person
Firm Company
HU BUX 941588
Martland, Pl 32794 Server relland rip Code Server relland republication of Committee and Rip Code Server relland republication of Code Server republication of Cod
h-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Sensibella Muncly at 4038938 Name of Person Jarea Code Daytime Telephone Number
Enclosed is a check for the following amount:
U \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional 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 AMENDMENT TO ARTICLES OF ORGANIZATION 11 1 3: 24 OF

Name of the Limited Liability Company as it now appears or bur records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 42 + 2021 and assigned Florida document number 12100039.885
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, <u>enter the name of the new registered</u> agent and/or the new <u>registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address

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.

City

.Florida __

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
<u>VP</u>	Derrick K. Strickland	1317 Edgewater Dr # 3567 Orlando, FL32804	
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		Orlando, FL3a804	K Ghange
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