

L21000330297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

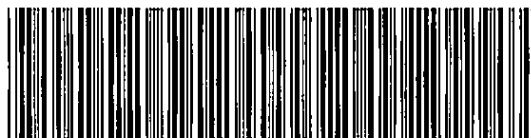
(Business Entity Name)

(Document Number)

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TAS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT -6 PM 12:21

FILED

Our Peace Projects, LLC

3515 Tanglewood Trail

Palm Harbor, Florida 34685

202-657-2599

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Dear Sir or Madam:

Please accept this cover letter with our amendment to the Articles of Organization of Our Peace Projects, LLC. The appropriate form and check for the filing fees of \$25 is enclosed.

Our daytime phone number is 202-657-2599. Please send the letter of acknowledgment after the amendment has been filed to:

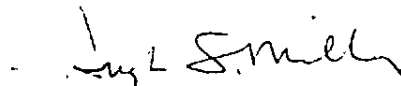
Our Peace Projects, LLC

3515 Tanglewood Trail

Palm Harbor, Florida 34685.

Thank you for your assistance.

Respectfully yours

A handwritten signature in black ink, appearing to read "Hugh S. Miller".

Hugh S. Miller

Member

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

OUR PEACE PROJECTS, LLC

(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 July 20, 2021 and assigned  
Florida document number L21000330297.

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 "L.L.C."

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Constance J. Miller	3515 Tanglewood Trail, Palm Harbor, FL 34685	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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2021 OCT -6 PM 2:21  
RECEIVED  
OFFICE OF THE  
CLERK OF THE  
CITY OF PALM  
HARBOR  
FL 34685

