L21000435206

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COVER LETTER

TO: Registration S Division of Co				
OTTO TO CON	D PEACE, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The anglocod Articles o	of Amendment and fee(s) are sub	mitted for filing		
	oondence concerning this matter	-		
	GREG GALLOWAY			
		Name of Person		
	GREGGALLOWAY.COM	A, P.A.		
	-	Firm/Company		
	2014 EDGEWATER DRI	VE. 305		
		Address		
	ORLANDO, FLORIDA 3	2804		
		City/State and Zip Code	·· ·	
	GREG@GREGGALLOW			
		to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
GREG GALLOWAY		407 492-2153 at ()		
Name	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6. Tallahassee	327 , FL 32314		Fallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAR AND PEACE, 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 10/05/2021 and assigned Florida document number <u>L21000435206</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WAR AND POLICE, LLC 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 themew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			Change
			□Add
			□Remove
			□Change
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f an effec <u>Note:</u> T	re date, if other than the date is listed, the date is fitted in this nat's effective date on the	must be specific and block does not n	l cannot be prior to neet the applical	date of filing or mor le statutory filing	(option e than 90 days after f requirements, this	iling.) Pursuant to 605	.0207 (ed as t
record d is file	specifies a delayed effectd.	ctive date, but not	an effective tim	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	r the
Dated _	NOVEMBER 3	M	2021				
		Signature of a	member or author	ized representative o	l'a member		

Filing Fee: \$25.00