## LZ1000437866

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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T. MATTHEWS NOV - 1 2021

## **COVER LETTER**

Division of Co	rporations		
	LA ESTATES LLC		
306/05/11	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	
	ZenBusiness Inc		
		Firm/Company	<del></del>
	5511 Parkerest Dr., Suite 1	03	
	<del></del>	Address	
	Austin, TX 78731		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Jenny Countz		844 493-6249 at ()	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

PENINSULA ESTATES LLC

21 OCT 22 PH 3: 36

(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 Florida document number $\frac{1.21000437866}{1.21000437866}$	were filed on 10/06/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	·vs
		torida
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 = M $AMBR = A$	1anager Authorized Member		
<u>Title</u>	<u>Name</u> BLEST, DANTE T	Address 21 007 22 PH 3: 36	Type of Action
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		ROCKLEDGE, FL 32955	■ Remove
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ffective date, if other than the date must be an effective date is listed, the date must be store: If the date inserted in this bloc locument's effective date on the Dep	e specific and cannot be prior k does not meet the applica	to date of filing or more the	(optional) han 90 days after filing- quirements, this date	) Pursuant to 605.02 will not be listed
e record specifies a delayed e The 90th day after the recor	effective date, but not d is filed.	t an effective time	e, at 12:01 a.m.	on the earlier
lated October 15	. 2021	·		

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Filing Fee: \$25.00