## h22000136640

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

10: Registration So Division of Cor				
\$15 Lake B	BLC · ·			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DOUGLAS PETERS			
	·	Name of Person		
		Firm/Company		2922
	6023 LE LAC ROAD			2022 0000
		Address		
	BOCA RATON, FL 33496	5		
	DRP12364@AOL.COM	City/State and Zip Code		· (5
	E-mail address: (	to be used for future annual report notif	fication)	
For further information of	concerning this matter, please c	all:		
DOUGLAS PETERS		561 516-1355 at ( )		
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres		Street Address:	atí a n	
Registration by Division of C		Registration Sec Division of Cor		
P.O. Box 633		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records. ability Company)	)
vere filed on 03/21/2022	and assigned
ity company here:	
y Company," the designation "LLC"	or the abbreviation "L.L.C."
	7021 DEC
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ldress on our records, <u>enter t</u>	he name of the new regist
<u> </u>	
Enter Florida street address	
1771	21.
City , F101	ada Zip Code
	, Flor

## 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 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
MGR	Article VI Trust UAO Linda Peters	6023 LE LAC ROAD	□Add
		BOCA RATON, FL 33496	■Remove
			☐ Change
AMBR	Irwin Peters 2011 Living Trust	6023 LE LAC ROAD	<b>≡</b> Add
		BOCA RATON, FL 33496	□Remove
			□ Change
AMBR Douglas R. Peters	Douglas R. Peters	6023 LE LAC ROAD	■Add
		BOCA RATON, FL 33496	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pursuant to 605 statutory filing requirements, this date will not be liste	.020 ed a
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, a is filed.		r the
12/15/22		
ned		
Aun Peters. TTEE	representative of a member	

Filing Fee: \$25.00