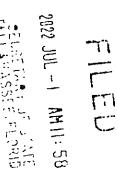
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	ÖF 1	LLC	
	Name of Lim	LLC nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	-	
	ORRIE FO	ANK OFERHEIM Name of Person	1 1 1 1 58 FL 33780 Mail. Com Infication)
		PEREZ ZESTAZAJI	
		2200 KINGS HWY	UNIT 18 15 5
		PORT CHARLOTTE	FL 33780
		City/State and Zip Code	
	F-mail address: (to be used for future annual report not	mail. Cm
For further information	concerning this matter, please c		,
FRAN	V OSERHEIM	at ()	
Name	of Person	Area Code Daytin	ne Telephone Numbeт
Enclosed is a check for	the 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 Addr Registration		<u>Street Address:</u> Registration Sc	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee		The Centre of 7 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ø OF	LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>ras it now appears (</u> ibility Company)	o <u>n our records.</u>)		
The Articles of Organization for this Limited Liability Company w	ere filed on	5)12/22	and	d assigned
Florida document number <u>LZZ cco zZ3 88.7</u>		, ,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company here	: :		
PETERS OF	LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	gnation "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:				<u>r.=</u>
(Principal office address MUST BE A STREET ADDRESS)		NJA		022
			1	
			7	
Enter new mailing address, if applicable:			- <u> 13</u>	<u>> [∵</u>
(Mailing address MAY BE A POST OFFICE BOX)		Ulix	,- (/3	<u> </u>
			<u> </u>	ប្រ
D. If amounting the assistance of a set and the second offers of	4			
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	aress on our rec	oras, <u>emer the n</u> a	ame or the	Hew registe
Name of New Registered Agent:		NIX		<u>-</u>
New Registered Office Address:				
	Enter Floride	i street address		
		Florida		
- · - · · · · · · · · · · · · · · · · ·	City		Zip C	ode .

I have I have a large to the second s

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

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document's	effective date on the D	epartment of S	State's record	ls.	, mig require				
f the record spe ecord is filed.	cifies a delayed effective	/e date, but not	t an effective	time, at 12:01	a.m. on the ea	ırlier of: (b)	The 90th	day after	the
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Dated <u>6</u>	~ 0 ~ ~								
Dated <u>6</u>	On			/ -					

Filing Fee: \$25.00