

# L22000393767

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

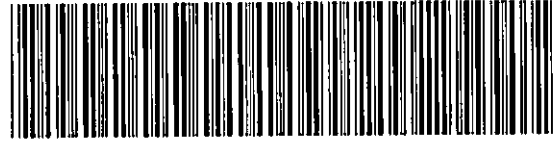
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

Registration Section  
Division of Corporations

OFCT:

2382 Peachtree, LLC

Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Return all correspondence concerning this matter to the following.

Justin Vount

Name of Person

Firm Company

5173 wild olive way

Address

Tallahassee FL 32305

City, State and Zip Code

Justin.vount1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Vount

Name of Person

at

850

Area Code

8419113

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$0.00 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:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2382 Peachtree LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 9/08/22 and assigned  
in document number L22000393767

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

1325 Thomasville Rd  
Tallahassee FL 32303

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

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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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ARTICLE

R = Manager  
ER = Authorized Member

AMR = Authorized Member

[illegible]

[illegible]

(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.)

rated \_\_\_\_\_

Justin H. ...

Typed or printed name of signee

**Filing Fee: \$25.00**