

LZ3000148532

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
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IU;		istration Se ision of Cor			•	
SHR	JECT:	Peace Hom	e Buyers LLC			
300	JI.C1.		Name of Lim	ited Liability Company	<u> </u>	
The c	enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	e return	all correspo	ndence concerning this matter	to the following:		
			LEXIE RIVERS			
				Name of Person		-
PRIME CORPORATE SERVICES						
	Firm/Company					-
	5250 S COMMERCE DR STE 200					
	Address					_
			MURRAY, UT 84107			
				City/State and Zip Code		2073
			E-mail address: (to be used for future annual	report notification)	
For fi	urther is	nformation c	oncerning this matter, please c	all:		. O
LEX	IE RIV	ERS			7-4639	****
		Name o	f Person	at () Area Code	Daytime Telephone Numbe	7.10:17
Encid	osed is a	check for th	ne following amount:			
■ \$	25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certification Certified Certified	ate of Status &

MAILING ADDRESS:

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

Peace Home Buyers LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>\$.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 3/23/2023	and assigned
Florida document number L23000148532		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	dity 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)		23
		20
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)	·	
		=======================================
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	 	
	Enter Florida street address	s
		orida
	City	Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kalkidan Amare	7707 West Riverchase Drive	
		Tampa FL 33637	_■ Remove
			Change
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	-		□ Remove
			Change
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Sective date, if other than the date in effective date is listed, the date must be spare. If the date inserted in this block document's effective date on the Department.	oes not meet the applical	o date of filing or more ble statutory filing re	than 90 days after filing quirements, this date	.) Pursuant	Lio 605.02
record specifies a delayed effe The 90th day after the record i		an effective tim	e, at 12:01 a.m.	on the	earlier
June 9	202e				
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, l Signa	iture of a member or author	ized representative of a	пешьет		

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Filing Fee: \$25.00