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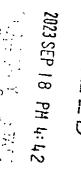
(Req	uestor's Name))
(Add	ress)	
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(City)	State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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September 8, 2023

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

Regarding my Filling Information for Peter J Donan LLC

- My EIN#: 93-3040677 needs to be added (Included the IRS EIN form)
- My Principal Address, Mailing Address, and Registered Agent Name & Address.

All need to state Apt. 102
Peter J Donan
2300 Quantum Lakes Drive
Apt. 102
Boynton Beach FL 33426

 Authorized Person Detail Title: AMBR please add

Thank you very much for your help.

Peter J Donan LLC

Peter J Donan 2300 Quantum Lakes Drive Apt. 102 Boynton Beach FL 33426 (267) 716-0275 Email: pjd7568@yahoo.com

COVER LETTER

Tallahassee, FL 32314

	Registra Division		ction porations			
SUBJEC		r J Dona	on LLC			
SUBJEC	-1; <u></u>		Name of Lim	ited Liability Company		
The encl	osed Arti	cles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all c	orrespor	ndence concerning this matter	to the following:		
			Peter J Donan			
				Name of Person		
			Peter J Donan LLC			
				Firm/Company		.
			2300 Quantum Lakes Drive	e, Apt. 102		
				Address		
			Boynton Beach, FL 33426			
				City/State and Zip Code		
			pjd7568@yahoo.com	to be used for future annual re		
For furth	er inforn	nation co	ncerning this matter, please ea		срхи пописан	Oily
Peter J D			·		-0275	
	· · · · ·	Name of	Person	at () Area Code	Daytime Tel	lephone Number
Enclosed	lisache	ck for the	c following amount:			
	00 Filing		■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &		☐ \$60.00 Filing Fee,
□ ₩£ √.	oo i miig	, 1 00	Certificate of Status	Certified Copy (additional copy is enclo		Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing	Address	<u>u</u>	Street Ad		
	Registr	ation S	ection	Registra	tion Sectio	
	Divisio P.O. Be		orporations 7		of Corporate of Talk	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City		Zip Code
	Boynton Beach	l	_, Florida <u>3342</u>	26
New Registered Office Address:	2300 Quantum	Enter Florida street	address	
	2300 Quantum	Lakes Drive, Apt. 102		
Name of New Registered Agent:				
				42
If amending the registered agent and/or ent and/or the new registered office addre		acturess on our records, j	inter the name	••
10 11 11 11 11 11 11 11 11 11 11 11 11 1	istand office :	oddroce on our records	nter the name	
			<u> </u>	<u></u>
<u>lailing address MAY BE A POST OFFICE</u>	BOX)		- : : : : : : : : : : : : : : : : : : :	<u> </u>
iter new mailing address, if applicable:		SEE ATTACHED	- F	7023 SE
rincipal office address MUST BE A STREI	<u>ET ADDRESS)</u>			
•				
ter new principal offices address, if applic		2300 Quantum Lakes Dri		
new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbr	eviation "L.L.C."
If amending name, enter the new name of	f the limited liab	ility company here:		
is amendment is submitted to amend the foll	lowing:			
orida document number L23000407641	·			
e Articles of Organization for this Limited L	iability Company	were filed on 06-23-2023	· - .	and assigned
		08 22 2023		
	(A Florida Limited L	Jaunity Company)		

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
AMBR	Peter J Donan	2300 Quantum Lakes Drive, Apt. 102, Boynton Beach	n _ ≣Add
			□Remove
		·	_ DChange
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ed	med.				
	September 8	2023			
Signature of a member or authorized representative of a member	:u	<u></u>	 •		
Signature of a member or authorized representative of a member	7	T. Dava			
		Signature of a member or a	uthorized representa	live of a member	