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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Peacetal Pulse LLC Name of Limited Liability Company	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Moringe Walle	
	Peace-ful Pulse LLC Firm/Company	
	7651 N Federal Hinhway, buite ATCS	
	Bosa Boson, FL 33457 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furtl	her information concerning this matter, please call:	
/	at (305) 433 - 0518 Name of Person at (305) 433 - 0518 Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
Enclose	d is a check for the following amount:	
\$ \$25	.00 Filing Fee Solutional copy is enclosed) Solutional copy is enclosed) Solutional copy is enclosed) Solutional 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

Peacetal Pulse	.C
(Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ConFlorida document number <u> </u>	npany were filed on <u>01/04/2014</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	ssi H775 Bora Ratao FL,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7001 D Federal History, Suite H115 Born Boton, FL, 33457
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	Morrage Wallace
New Registered Office Address: 1(101)	1 N Federal Holory, suite ALCS
<u> 130</u>	Enter Florida stréet address (A. 1997-169) Florida 33487 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	Muinue Uhllive	TWOI N Federal Highway, swite AZZS, Boca Botan, F	(12/Add L 3-3-11/27
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If amending any other information, enter change(s) h	
	
	
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	-
Effective date, if other than the date of filing:	(optional)
Mote: If the date inserted in this block does not meet the app document's effective date on the Department of State's reconstruction.	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 plicable statutory filing requirements, this date will not be listed as the rds.
he record specifies a delayed effective date, but not an effectiv ord is filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 11 7575	1/2
Signature of a member or a	ULALL uthorized representative of a member
1/	11
	rinted name of signee

Filing Fee: \$25.00