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(Re	equestor's Name)	.	
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PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		
Certified Copies Certificates of Status			
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	porations			
SUBJECT:	Peach 2 Name of Lim	H LLC ited Liability Company		
	, varie v. zim	one one on the original of the		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Hecton	- Scare Z Name of Person		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
		Firm/Company		
	522 0-12	b. al. 1 #15-	-189	
	3 / / 000	tong Blul #15-		
	No 1 DONA	F1 20305		
	Derroivi	City/State and Zip Code		
		iceenail.com		
	E-mail address: (to be used sor future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
Hector	Sugrez	at (<u>407</u>) <u>669</u> Area Code	- 2977	
Name o	f Person	Area Code Daytimo	: Telephone Number	
Enclosed is a check for the	-			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate (Certified Co (additional co)	of Status & Opy Status & Property Status & Prope
				MAR 18 TARY
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction	SSE A
Division of C		Division of Cor		e ST &

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
	ility Company were filed on 03041204 and assigned			
This amendment is submitted to amend the follow	វាថ្ង:			
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicab	e:			
(Principal office address MUST BE A STREET).				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or reg agent and/or the new registered office address l	stered office address on our records, <u>enter the name of the new registere</u> nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
New Registered Agent's Signature, if changing Reg	, N			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is vistered office address, I hereby confirm that the limited lighting			

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>	Name	Address	Type of Action
Mbr	LUZD, Alvarez	577 Deltonn Blud #15-	<i>i</i> 89_ □Add
		Deltonn, 7/32725	Remove
			ElChange
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			IIChange
			🗀 Add
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D. If ame				ve: (Attach addition			
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E. Effecti (tf an effi	ve date, if other the	ian the date of fill date must be specific;	ing: and cannot be pri	or to date of filing or mo	(option are than 90 days after til	al) ing.) Pursuant to	605.0207 (3)
Note:		n this block does no	t meet the appl	icable statutory filing			
f the record record is fil		effective date, but r	iot an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 19th date	tier the
			1 2 - 11	1		SECRETARY STALLAHAS	- H
Dated	Maran		1 2024	<u></u>			
			//////////////////////////////////////	\mathcal{M}_{\cdot}		3338 9 70 8 70	••• CETE
	", "			inorized representative of the state of signed		TATE	χ ö
		Hec				111	-

Filing Fee: \$25.00