Division of Corporations



Type the fax audit number Note: Please print this page and use it as a cover sheet. (shown below) on the top and bottom of all pages of the document.

(((H24000367349 3)))



H240003673493ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

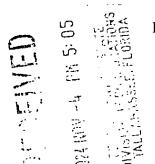
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please **

55 Email Address:____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY PEACE AIRBNB LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help 4202 G - VON T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Peace Airbnb LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	appears on our records.) mpany)
the Articles of Organization for this Limited Liability Company were filed	t on 10/07/2024 and assigned
lorida document number L24000430794	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability comp	pany here:
MY PEACH RIVER RANCH AIRBNB LLC	
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	~
	921
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	単り
······	
3. If amending the registered agent and/or registered office address or	n our records, enter the name of the flew regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	nter Florida street address
	, Florida
Cuv	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.

To: 18506176383

Page: 3/4

Fax: 8134365206

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
			□Add
			□Remove
			Change
			□Add
			□Remove
		□ Change	
			□Add
		□Remove	
			∩(`hange
			□Remove
			Change
			□Add
		□Remove	
			☐ Change
			□Add
			□Change

11/4/2024 13.25 55 PST

Nat Smith

Fax: 8134365206

Typed or printed name of signee