DOD 430794

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COVER LETTER

Division of Corporations MY PEACH RIVER RANCH AIRBNB LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Picase return all correspondence concerning this matter to the following: Samaritaine B Jean-François . _____ Name of Person Firm/Company 13250 NE 46th St Address Silver Springs, FL 34488 City/State and Zip Code samiebjf@gmail.com F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samaritaine B Jean-Francois Daytime Telephone Number Name of Person Inclosed is a check for the following amount: C 860 00 Filing Fee. 🗒 825 00 Filing Fee. ☐ \$55,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed)

Mailing Address:

10:

Registration Section

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

MY PEACH RIVER RANCH AIRBNB LLC.

(Name of the Limited Liability Company as it now appears on our 2020 Fish 26 PH 12: 55

The Articles of Organization for this Limited Liability Com-	ipany were filed on 10/15/	2024 Eyre In Or STATEsigned
Florida document number L24000430794		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
MY PEACE RIVER RANCH AIRBNB LLC.		
The new name must be distinguishable and contain the words. Limited	Liability Company, the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:		rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	the state of the s
	City	, Florida
	1 (i)	rap v rac

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 ompany 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> 1 ale</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗀 Add
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(If an et <u>Note:</u>	tive date, if other than the date of filing:
I the reco coord is f	rd specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b). The 90th day after the filed.
Dated	February 13 2025
	Signature of a member or authorized representative of a member
	Samaritaine B. Jean-François