## P18000046136

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	





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S TALLENT JUN 2 4 2019

> 2019 JUN 10 PM 5: 32 SECRETARY OF STATE TALL MASSEE, FL

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EASTERN PEEK	INC				
OCUMENT NUMBI						
	f Amendment and fee are su	bmitted for fili	ng.			
Please return all corresp	ondence concerning this ma	tter to the follo	wing:			
E	ERICA DORSAINVIL					
_		Name of Co	ntact Person	n		
E	EASTERN PEEK INC					
_	· · · · · · · · · · · · · · · · · · ·	Firm/ (	Company			
4	347 WILLOW POND RD,	UNIT A				
_		Ad	dress			
V	VEST PALM BEACH, FL 3	3417				
_		City/ State a	nd Zip Cod	e		
bardela	ir@gmail.com			<b>√</b>		
	E-mail address: (to be us	sed for future a	nnual report	•		
For further information	concerning this matter, pleas	se call;				
ERICA DORSAINVIL		at (	954	702-4881		
Name of		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the I	Florida Depa	ortment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ( (Additiona enclosed)	opy I copy is	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address		Street	Address		
	dment Section		Amendment Section			
	on of Corporations			on of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
1 41141			با 100ء	ACCULT COME CHOIC		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

(Name of Co	rporation as current	ly filed with the Florida Dept.	of State	2)		
8000046136						
	(Document Number of	of Corporation (if known)				
rsuant to the provisions of section 607.1006 Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporation add	pts the	followin	g amen	dment(s)
If amending name, enter the new name of	of the corporation:					
					_The	
me must be distinguishable and contain i orp.," "Inc.," or Co.," or the designation rd "chartered," "professional association,"	"Corp," "Inc," or	"Co". A professional corporat	rated" o ion nam	or the ai	bbrevia contain	tion the
Enter new principal office address, if ap		4347 WILLOW POND RD.	UNIT	Ą		
Principal office address MUST BE A STREET ADDRESS		WEST PALM BEACH, FL	33417	_ <u>-:r</u> n	201	_
			_	CRE	MIN B	-73
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4347 WILLOW POND RD.	UNIT A	A SA	10 F	
		WEST PALM BEACH, FL	33417	21 cg	<del>R</del> 5:	
				- ATE	32	<del></del>
If amending the registered agent and/or			of the			
new registered agent and/or the new reg	istered office address	<u>s:</u>				
Name of New Registered Agent	CA DORSAINVIL					
434	4347 WILLOW POND RD, UNIT A					
	(Florida street address)					
New Registered Office Address: WES	WEST PALM BEACH		Florida_	33417		
	(City)		_	(Zip C	lode)	

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	ORIOL DORSAINVIL	11297 SW 18 CT
Add X Remove			MIRAMAR, FL 33025
2) Change	P	ERICA DORSAINVIL	4347 WILLOW POND RD, # A
X Add			WEST PALM BEACH, FL 33417
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attacii <i>uu</i> A	dditional sheets, if	necessary). (E	se specific)				
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If an ame	endment provides ons for implement	for an exchang	<u>re, reclassificati</u>	on, or cancellat	ion of issued sha	res,	
(if no	ot appli¢able, indi	cate N/A)	Televil Hove Collect	4100	indiana ingeni		
	NA						
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							,

06/04/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
06/04/2019 Effective date if applicable:	
(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ig requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated 6/4//9	
Signature of lica Sostainul	
Signature (By a director, president or other officer – if directors or	officers have not been
selected, by an incorporator – if in the hands of a receiv	
appointed fiduciary by that fiduciary)	7. 110,000, 0. 0.000, 40 12.
ERICA DORSAINVIL	
(Typed or printed name of person sig	ning)
PRESIDENT	
(Title of person signing)	