

L19000198850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

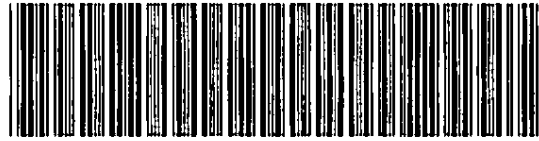
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAOS SIX INSTITUTE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dominic M Rondinelli

Name of Person

PE3 LLC

Firm/Company

201 Windsong Ct

Address

Niceville, FL 32578

City/State and Zip Code

dominicrodinelli@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dominic M Rondinelli

757 814-3056

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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**

Chaos Six Institute LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5 August 2019 and assigned Florida document number L19000198850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PE3 LLC

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:

201 Windsong Ct

(Principal office address MUST BE A STREET ADDRESS)

Niceville FL 32578

Enter new mailing address, if applicable:

same as above

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dominic M Rondinelli

New Registered Office Address:

201 Windsong Ct

Enter Florida street address

Niceville

Florida 32578

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>	<u>Address</u>	<u>Type of Action</u>
CEO	Dominic M Rondinelli	201 Windsong Ct	<input type="checkbox"/> Add
		Niceville FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Ian Spurgeon	201 Windsong Ct	<input checked="" type="checkbox"/> Add
		Niceville FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Jason Trout	201 Windsong Ct	<input checked="" type="checkbox"/> Add
		Niceville FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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