

P17 000078969

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(Business Entity Name)

(Document Number)

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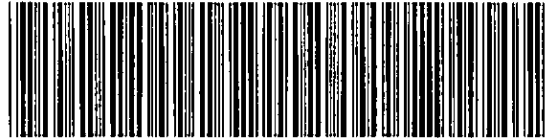
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FILED  
2022 FEB 28 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FL



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2022 FEB 28 PM 1:38

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

February 15, 2022

M. VIADERO  
6143 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809

SUBJECT: PEAK INJURY & ORTHOPEDIC INC  
Ref. Number: P17000078969

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L05000050499 PEAK PROPERTIES, LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 722A00003659

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PEAK INJURY & ORTHOPEDIC INC

DOCUMENT NUMBER: P17000078969

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. VIADERO

Name of Contact Person

ACCOUNTING PROFESSIONALS GROUP INC

Firm/ Company

6143 S ORANGE BLOSSOM TRAIL

Address

ORLANDO, FLORIDA 32809

City/ State and Zip Code

ACCTPROGRP@YAHOO.COM

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

For further information concerning this matter, please call:

M. VIADERO

Name of Contact Person

at ( 407 )

856-1906

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2022 FEB 28 PM 2: 39

PEAK INJURY & ORTHOPEDIC INC

SECRETARY OF STATE  
TALLAHASSEE, FL

(Name of Corporation as currently filed with the Florida Department of State)

P17000078969

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

PEAK PROPERTY HOLDING GROUP INC

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

*Signature of New Registered Agent, if changing*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

1)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Add				
	<input type="checkbox"/> Remove				
2)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Add				
	<input type="checkbox"/> Remove				
3 )	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/> Remove				
4)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/> Remove				
5)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Add				
	<input type="checkbox"/> Remove				
6)	<input type="checkbox"/> Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Add				
	<input type="checkbox"/> Remove				

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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JANUARY 24, 2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JANUARY 24, 2022

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by PEAK INJURY & ORTHOPEDIC INC  
\_\_\_\_\_  
(voting group)"

JANUARY 24, 2022  
Dated \_\_\_\_\_

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 receiver, trustee, or other court appointed fiduciary by that fiduciary)

LUIS S DEL RIO

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)