## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIG? GF INVESTMENT SERVICES, LLC

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

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B FIGUEROA JUL 23 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GF Investment Services, LLC				
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number L04000051638	Company were filed on 7/13/2004	an	d assign€	:d
This amendment is submitted to amend the following:				
A. If amending pame, enter the new name of the lim	tited liability company here:			
AlphaPeak Brokerage, LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviati	on "L.L.C.	,,
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
Indiang mares, into Sent 100101210				
B. If amending the registered agent and/or regi	stered office address on our records, ente	r the n	ame of	the nev
registered agent and/or the new registered office add	iress here:		2918	
		. <del>د</del> ر	<u>_</u>	
Name of New Registered Agent:				
New Registered Office Address:		<u>;</u>	2u	
	Enter Florida street address		339	; ; ·
	, Florida _	·	<del></del> _	
<del></del>	City	⊋Zip	Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	=	38	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a	complete performance of my duties, and I am	i familio	ır wiin a	ભાવ
being filed to merely reflect a change in the register company has been notified in writing of this change	ed office address, I hereby confirm that the $\ell$	inited l	iability	m is

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			D AJd
			☐ Remove
			□ Change

8/13/2018