

**L100000103468**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

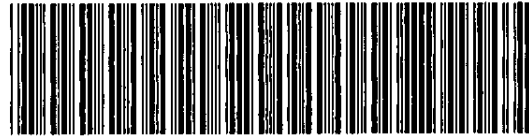
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED  
12 MAR 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**C. LEWIS  
MAR 30 2012  
EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEAK FINANCIAL TRAINING WORKSHOPS, 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:

DAVID W. DUBE

Name of Person

PEAK FINANCIAL TRAINING WORKSHOPS, LLC

Firm/Company

10225 ULMERTON ROAD, SUITE 7B

Address

LARGO, FL 33771

City/State and Zip Code

ddube@peakpeat.com

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

For further information concerning this matter, please call:

DAVID W. DUBE

Name of Person

at ( 727 )

536-7100

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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FILED

12 MAR 29 PM 12:45

BCDDII, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/04/2010 and assigned  
Florida document number L10000103468.

This amendment is submitted to amend the following:

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

PEAK FINANCIAL TRAINING WORKSHOPS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10225 ULMERTON ROAD, SUITE 7B

(Principal office address MUST BE A STREET ADDRESS)

LARGO, FL 33771

Enter new mailing address, if applicable:

10225 ULMERTON ROAD, SUITE 7B

(Mailing address MAY BE A POST OFFICE BOX)

LARGO, FL 33771

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:

STEPHEN A. CERRONE

New Registered Office Address:

10225 ULMERTON ROAD, SUITE 7B

*Enter Florida street address*

LARGO

, Florida

33771

*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


Dated MARCH 17, 2012

FILED  
12 MAR 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

David W. Duke  
Signature of a member or authorized representative of a member  
DAVID W. DUKE, MANAGING MEMBER  
Typed or printed name of signee