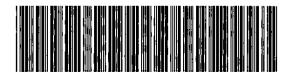
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	СТ:	Acke User	Consulted Liability Company	peap LLC
The enc	losed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	dence concerning this matter	to the following:	
		PARK UE	Name of Person  Name of Person  Person  Firm/Company  Address  City/State and Zip Code	ve
		E-mail address: (	to be used for future annual report noti	fication)
For furt	her information co	ncerning this matter, please ca	all:	
	Name of	Person	at ( <u>766)</u> <u>SY3</u> Area Code Daytim	3 · 3975 c Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$25	5.00 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)
·	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEST CONSULTING GRAP LIC.

JAKK WEST CONSUL		o lie.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on bur ability Company)	records.)	
	101	L /2012	
The Articles of Organization for this Limited Liability Company v	vere filed on	$\frac{2}{20/3}$ and assigned	
Florida document number <u>L/3000/392.33</u>			
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
The second secon		and a	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		32.5	
		SS	
B. If amending the registered agent and/or registered off	ice address on our r	ecords, enter the name of the new	
registered agent and/or the new registered office address here		750 5 177	
Name of New Registered Agent:	<u> </u>	<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
		, FloridaZin Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my dut rovided for in Chapter	ies, and I am familiar with and · 605, F.S. Or, if this document is	
	,		

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 **Type of Action** <u>Name</u> - Almonje Minnijer. 33141 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change D Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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	W. A. C.
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or note:  If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.02 ng requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ted 06-26-F	τ-
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Page 3 of 3

Filing Fee: \$25.00