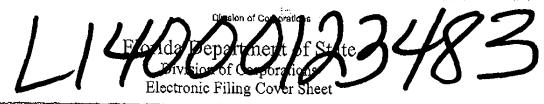
9/5/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000239045 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address:

maxwell.minch@gray-robinson.com

NI SEP -5 RH S. 46

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEER INNOVATIONS, LLC

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DISISION OF CORPORATION

O SIMMONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H17000239045 3)))

PEER INNOVATIONS, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	any were filed on 08/04/2014	and assigned
Florida document numberL14000123483	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	<u></u>
		<u> </u>
		17 SEP
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	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

Sep. 5. 2017 3:42PM

Sep. 5. 2017 3:42PM No. 0049 P. 3/4

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

Title	Name	Address	Type of Action
MGR	Pamela Runge	9222 SW 41st Lane	
		Gainesville, FL 32608	■ Remove
			Change
AMBR	Pamela Runge	9222 SW 41st Lane	Add
		Gainesville, FL 32608	☐ Remove
		·	□ Change
MGR	Martín Fiandfield	9222 SW 41st Lano	₩ Add
		Gainesville, FL 32608	□ Remove
		·	□ Change
		·	□ Adď
	· ,		Remove
			CHAdd H
			□ Remove
			□ Add
			□ Remove
			Change

3 e p.	5. 2017 3:42FM	No. 0049 P. 4/4
D. If at	nending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)(((H17000239045 3)))
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r rec	structure and a structure that the date of the or	Mana))
(If an e <u>Note</u>	effective date, if other than the date of filing:	tional) er filing.) Pursuant to 605.0207 (3)(b) ais date will not be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the earlier of:
Dated	d09/03/17	•
	Pameta Runge	
	Signature of a member or authorized representative of a member	
•	Pamela Runge	
	Typed or printed name of signee	_

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Filing Fee: \$25.00 (((H17000239045 3)))