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DIVISION OF CORPORATION OF SIGNED

M. MILLIGAN MAY - 7 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PEAK PERFORMANCE HOLDINGS, 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:
ERICK WIARENCO Name of Person
PEAK PERFORMANCE HOLDINGS LLC Firm/Company
6825 NW 169TH ST APT. E
evick maren co 23@ hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 300-4065 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \tag{Certificate of Status} \tag{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \tag{Certified Copy (additional copy is enclosed)} \tag{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



The Articles of Organization for this Limited Liability Company were filed on 12/01 Florida document number <u>L | 4 00</u>0 18 337.7 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PEAK PLANNERS

The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 6825 NW 169 TH ST APT. E

Enter Florida street address

HIALEAH , Florida Zin Code New Registered Office Address:

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

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** 6825 NW 1695 ST APT. € HIALEAH, FL 33015 MER ERICK MARENCO Add Add 3800 SW 102MD AVE APT. 213 WIAMI, FL 33165 Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change 🗆 Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change

D. If amending any other information, enter cha	ange(s) here	: (Attach addi	itional sheets, i	f necessary.)		
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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and content in this block does not me document's effective date on the Department of States.)	eet the applica	o date of filing or ble statutory fil	more than 90 day ling requirement	(optional) s after filing.) Pur s, this date will	suant to 60 not be lis	5.0207 (3)(ted as the
the record specifies a delayed effective da b) The 90th day after the record is filed.	ate, but not	an effective	e time, at 12:	01 a.m. on 1	the earl	er of:
Dated APRIL 25	2018					
(2021)	\sqrt{r}	_				c ⁵
Signature of a m	ember or autho	rized representat	ve of a member		HA HA	55178 535 545 545 545 545 545 545 545 545 545
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		name of signee		***	 ₹	10.25 10.25
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Filing Fee: \$25.00