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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PEO Advisory 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:
Alejandro Piedra Name of Person
Name of Person PEO Advisory LLC Firm/Company
19309 NW 148T Address
City/State and Zip Code Alex in Died-A Company Company E-mail address: (o be used for future annual report notification)
For further information concerning this matter, please call:
Ale Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEO Advisor V L	LC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number 15000 434 70	3/(6(5)	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	202
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	\(\sigma_1 \)
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		C) ;
Pakananan atti a addama 16 amiliada.	SEC	
Enter new mailing address, if applicable:		ं ला
(Mailing address MAY BE A POST OFFICE BOX)	7 <u>A</u>	_ t
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ur records, <u>enter the name of tl</u>	ne new registere
Name of New Registered Agent:		
New Registered Office Address:		
Enter	Florida street address	
	, Florida	
Ciņ	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

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AUBR	IRENE PIEDLA	19309 NW 1487	_ Xadd
		Pambrokke Pines, FL	•
		33029	
			□Add
			□Remove
			□Change
			□Add
			Change 30 PH 5:
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			_ □Remove _ □Change
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			_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.))		
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ursuant to 6	605.0207 isted as	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The second is filed.	Oth day a	fter the	
Dated SEPTEMBE-19, 2020			
Signature of a member or authorized representative of a member			
Alejando Piedo-A Typed or printed name of signee			