L1000030534

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
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MAN TO MIG

COVER LETTER

TO:	Registration Second Division of Corp					
CHDI	ECT.	Peak An	alysis LLC			
SUBJ	ECI:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
			Cynthia Fletcher			
			Name of Person		_	
		Fletcher Acc	counting and Tax Service, Ir	nc.		
		<u> </u>	Firm/Company			
			422 N Dixie Hwy			
			Address		_	
		La	ke Worth, FL 33460			
			City/State and Zip Code	"	_	
			tcher@fletchertax1.com		_	
		E-mail address: (to be used for future annual rep	ort notification)	75. ~	
For fu	rther information co	oncerning this matter, please ca	all:			
Cynth	nia Fletcher		561 586-7 at ()	7110	2016 MAR SECRETA	ا د سیب
	Name of	f Person		Daytime Telephone Numb	25 P	
Enclo	sed is a check for th	ne following amount:			2: 0	
□ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	- 1 (F)	

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

	ik Analysis LLC		
(Name of the Limit	ted Liability Compar (A Florida Limited L	ny as it now appears on our re iability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L16000030534	iability Company	were filed on <u>02/12/16</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		•
(Principal office address MUST BE A STREE	ET ADDRESS)		keechobee Rd. Steyou leach, FL 33409
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		eechobee Rd. Ste you each, FL 33409
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	Ana Maria Gar	cia	P(c N3
New Registered Office Address:	1860 0	Id Okeecho Enter Florida street a	beesed ste 400
		alm Beach'	Florida 38,404
New Registered Agent's Signature, if changing			FIGURE 2
I hereby accept the appointment as registered provisions of all statutes relative to the prop	ed agent and agre er and complete	ee to act in this capacity. performance of my dutie	I further agree to comply with the s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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	Ana Maria Garcia	12435 SW 34th Place	🛱 Add
		Davie, FL 33330	☐ Remove
			Change
MGR	Steve Johnson	3152 Drew Way	
		West Palm Beach, FL 33406	■ Remove
			Change
MGR	Evan Rodriguez	1494 S Military Trail	
		West Palm Beach, FL 33415	≅ Remove
			Change
MGR	Nicholas Cirio	13461 Deer Creek Drive	□ Add
		West Palm Beach, FL 33418	Remove-
		HASS PAR	Change
		E S	
		ORIGINAL PROPERTY OF THE PROPE	Remove
	•		Change
			🗀 Add
			□ Remove
			Change

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ective date, if other than the d	ate of filing: March 28		(optional)		
n effective date is listed, the date must lite: If the date inserted in this block	be specific and cannot be prior ck does not meet the applic	to date of filing or more than able statutory filing requi	90 days after filing. rements, this date) Pursuant to will not be	, 605.020 : listed a
cument's effective date on the Dep	partment of State's records.	•			
	-65-10 daha hakara		-+ 17:01 - m	至高	≧ ædier d
record specifies a delayed The 90th day after the reco	enective date, but no rd is filed.	ic an enecave ume, a	at 12.UI d.iff.		MARIE (
	***			ASS TAS	2
March 24 ted	2016	~ ·		SEC.	رن د
	an Yi.	Yaren		F.S.	U
<u></u>	ignature of a member or auth	orzed representative of a me	mber	S I ATE LORIDA	2; 00
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Filing Fee: \$25.00