

L17000188319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

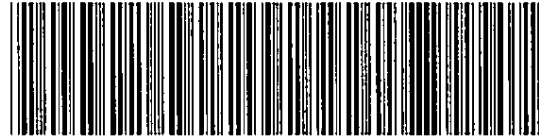
(Business Entity Name)

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Q SIMMONS

OCT 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PECK ENTERTAINMENT, 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:

MUGE PECK

Name of Person

PECK ENTERTAINMENT, LLC

Firm/Company

4828 Heinman Cove

Address

Palmetto, FL 34221

City/State and Zip Code

asais@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUGE PECK

Name of Person

at (813)

Area Code

951 - 5074

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Terry L. Wood</u>	<u>1503 12th St. Dr. WEST</u>	<input type="checkbox"/> Add
		<u>Palmetto, FL 34221</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>ASU J. PECK JR.</u>	<u>4828 Heinman Cove</u>	<input checked="" type="checkbox"/> Add
		<u>Palmetto, FL 34221</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated _____, _____.

Mage Beck

Signature of a member or authorized representative of a member

MUGE PECK, AP

Typed or printed name of signee