## 11700188319

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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	PECK ENTERTAT	NMENT, LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MUE	E PECK	
		Name of Person	
	r:		
	-	Address	<del></del>
	Palme	tto, FL 34221	
	<del></del> -	•	
		•	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
MUGE F	PECK	at (813 ) 951 -	5074
Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	<b>⊠</b> \$60.00 Filing Fee,
Ü		Certified Copy	Certificate of Status & Certified Copy

TO:

**Registration Section** 

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

P CCR	FAINMENT, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on OS Sept.	2017 and assigned
Florida document number <u>L 17 000 188319</u>	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDE	RESS)	
		997
Enter new mailing address, if applicable:		- 2
(Mailing address MAY BE A POST OFFICE BOX)		· - P
The state of the s	J. 65 13	en en
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	City	Zip Code
Name Danistanud Agant's Cignatura if shanging Danistana	d tant	

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Terry L. Wood	1503 12th St. Dr. WEST	
		Palmetto, FL 34221	Remove
			☐ Change
AMBR	A SU J. PECK JR,	4828 Heinman Cove	<b>X</b> Add
		Palmette, FL 34221	Remove
		<del> </del>	☐ Change
			□ Add
			Remove  Change  Add C
			O Add C
			Change
	<del></del>		
		<del>.</del>	☐ Remove
		<del></del>	☐ Change
	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
			Change

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	2
an ef lote:	tive date, if other than the date of filing:  28 Sept 2017  (optional)  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.
ated	
	11000 Revel
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00