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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		G EXTRAORDINAIRE LLC			
30030.01.		Name of Limi	ted Liability Company		
The enclosed	I Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter t	o the following:		
		DEVLIN PECK			
Name of Person					
ELEARNING EXTRAORDINAIRE LLC					
Firm/Company					
4303 BAYRIDGE CT.					
			Address	<u> </u>	
SPRING HILL, FL 34606					
City/State and Zip Code					
DEVLINPECK@GMAIL.COM					
		E-mail address: (t	o be used for future annual	report notification)	
For further in	nformation con	ncerning this matter, please ca	11:		
DEVLIN PE	ЕСК		352 531	7 - 1899	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

ELEARNING EXTRAORDINAIRE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000264057</u>	were filed on December 29, 2017	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
PECK CONSULTING LLC			
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	240 NW 25TH ST		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33127	75 3	
		5 to in	
		一番「一	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		3	
		- 5	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the r	
The second secon	- '		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is	
If Char	nging Registered Agent, <u>Signature of N</u>	ew 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
			
			Remove
			Change
			☐ Remove
			Change
		<u></u>	□ Remove
			Change
			□ Remove
			☐ Change
		<u></u>	
			☐ Remove
		<u> </u>	Change
			Add
			☐ Remove
			Change

. If amending any other informa	tion, enter change(s) nere:	(Anach adamonai she	ein, ij necensary.)	
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bi document's effective date on the D	lock does not meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	605.0207 (3 listed as th
the record specifies a delayed The 90th day after the rec	d effective date, but not ord is filed.	an effective time, a	t 12:01 a.m. on the e	arlier of:
Dated JULY 5TH	. 2019	-:		
J	Signature of a member or authori	We	nhae	_
DEVLIN PECK	organitie or a member or authori	део тергезентануе от a me	nuci	
DEVELOUPEUX	Typed or printed	name of signee		_

Page 3 of 3

Filing Fee: \$25.00