L17000264057

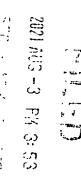
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D. BRUCE NO 1 1 2021

COVER LETTER

TO: Registration S Division of Co						
	sulting LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing,				
Please return all corresp	oondence concerning this matter	to the following:				
	Devlin Peck					
		Name of Person				
	Peck Consulting LLC					
	_	Firm/Company				
	4821 NE 16th Ave					
		Address				
	Portland, OR 97211					
		City/State and Zip Code				
	devlin@peck.consulting		·	7.7) 7.1.71	202	
		to be used for future annual repor	t notification)	,	2021 AUG	ر د د د د د د د د د د د د د د د د د د د
For further information	concerning this matter, please c	all:			ල - -	d operation of the second
Devlin Peck		352 537 - 1	899	A to	Ω P.,	
Name	of Person	Area Code D	aytime Telephone Number		™ 3: 53	(
Enclosed is a check for	the following amount:			, ,	C)	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	e of Status		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peck Consulting LLC							
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Li Florida document number <u>L17000264057</u>	ability Company	were filed on 12/29/2017	and assigned				
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of	the limited liabi	ility company here:					
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applica	able:	4821 NE 16th Ave					
(Principal office address MUST BE A STREET ADDRESS)		Portland, OR 97211	and assigned The name of the new registered State of the new registered				
Enter new mailing address, if applicable:		4821 NE 16th Ave					
(Mailing address MAY BE A POST OFFICE)	BOX)	Portland, OR 97211					
B. If amending the registered agent and/or r agent and/or the new registered office addres		nddress on our records, enter the na	me of the new registered				
Name of New Registered Agent:	Mata & Baker	Tax Consultants LLC	202				
New Registered Office Address:	80 SW 8th St #3303						
	Miami	Enter Florida street address , Florida ³	33130				
		City	747				
New Registered Agent's Signature, if changing F	Registered Agent:						
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regis- being filed to merely reflect a change in the re company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, and I an provided for in Chapter 605, F.S. O.	n familiar with and r, if this document is				

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
AMBR	Devlin Peck	4821 NE 16th Ave	
		Portland, OR 97211	□ Remove
			Change
AMBR	Taylor Villucci	4821 NE 16th Ave	
		Portland. OR 97211	□Remove
			■Change
			\ _Add
			□Remove
			□ Cha®
			□ Add
			□ Remove
		<u> </u>	□Add
			□Remove
			Change
			
			□Remove

Page 2 of 3

Fective date, if other than the date of filing: (optional) (optional)	_								
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Filing Fee: \$25.00