

118000122469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

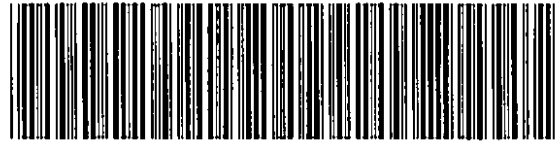
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 04 2018  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEAK T PERFORMANCE LLC (FORMER NAME - TO BE CHANGED)  
\_\_\_\_\_  
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:

KENT M RILLING

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7611 MARBLEHEAD LANE

\_\_\_\_\_  
Address

PARKLAND, FL 33067

\_\_\_\_\_  
City/State and Zip Code

cjrilling@yahoo.com

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

For further information concerning this matter, please call:

KENT RILLING

301 802-7731  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

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REGISTRATION STATE  
TALLAHASSEE, FLORIDA



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>
AMBR	HILLEL HARRIS	7611 MARBLEHEAD LN, #33	<input type="checkbox"/> Add
		PARKLAND, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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18  
COUNTY OF FLORIDA  
TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member

Signature of a member or authorized representative of a member

KENT M RILLING

Typed or printed name of signee