11800)147592

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

Rackwell L SUBJECT:	LC				
SUBJECT:	Name of Limi	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:			
	Brandon Bernardo				
		Name of Person			
	Rackwell LLC				
		Firm/Company			
	433 Plaza Real, Suite 275				
		Address		8	
	Boca Raton, FL 33432			- AON BICE	71
	b.bernardo@outlook.com	City/State and Zip Code	15 12 43 14 43 0 43 0 43 0	-8 AH	
	E-mail address: (to be used for future annual report notif	ication)	9	
For further information of	concerning this matter, please ca	all:	कुत	17	
Brandon Bernardo		786 496-3591			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he 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 Certificate o Certified Co (additional cop	f Status & py	

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

Rackwell LLC						
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number 1.18000147592	were filed on 06/14/2018 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:					
Split Peak LLC						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	433 Plaza Real					
• • •	Suite 275					
	Boca Raton, FL 33432					
Enter new mailing address, if applicable:	433 Plaza Real					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 275					
	Boca Raton, FL 33432					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the ne					
	, Florida					
	City Zip Code					

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
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			November 7,	2018				
Effectiv	ve date, if other than ctive date is listed, the date	the date of filin	g:	values of filling on a	(op	tional)	rumt to l	らいち ひつのづ
Note: 1	If the date inserted in thi	s block does not i	meet the applical	ble statutory filir	ig requirements, th	his date will	not be l	isted as
docume	ent's effective date on th	e Department of S	State's records.					
ne reco	ord specifies a dela	ved effective o	date, but not	an effective	time. at 12:01	a.m. on	the ear	rlier of
	90th day after the				,			
	November 7		2018					
N	November 7		•	_ •				
Dated _								
Dated _			= -					
Dated _		Signature of a	member or author	ized representative	e of a member			

Page 3 of 3

Filing Fee: \$25.00