

L19000000 7386

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01/28/19--01046--007 **25.00

2019 JAN 28 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 04 2019

C McNAIR

Enitia Corporation
315 West Huron, Suite 240
Ann Arbor, MI 48103
EN POWERING ■ AMERICA'S ■ ENTREPRENEURS
www.enitia.com

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2019 JAN 28 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FL 32314
January 18, 2019

Re: PEAK ALPHA WEALTH MANAGEMENT LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Clifford Camarda to file the enclosed Amendment for PEAK ALPHA WEALTH MANAGEMENT LLC.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorp.com

315 W Huron St. Ste. 240 Ann Arbor, MI 48103

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you.

Enitia Corporation

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEAK ALPHA WEALTH MANAGEMENT LLC

Name of Limited Liability Company

2019 JAN 28 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Stahlin

Name of Person

Direct Incorporation

Firm/Company

315 W Huron St. Ste. 240

Address

Ann Arbor, MI 48103

City/State and Zip Code

documents@directincorp.com

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

For further information concerning this matter, please call:

Shannon Stahlin

877 2816496
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PEAK ALPHA WEALTH MANAGEMENT LLC

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

2019 JAN 28 PM 4:31
RECEIVED
TALLAHASSEE, FL 32309

The Articles of Organization for this Limited Liability Company were filed on 01/04/2019 and assigned
Florida document number L19000007386.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Clifford Jonathan Camarda		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3010 THIRD ST. S. SUITE A JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 18th, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee