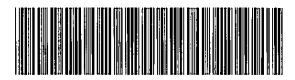
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PICK-UP	☐ WAIT	MAIL
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(Bu	usiness Entity Name)	
(D ₀	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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Enitia Corporation 315 West Ruren, Suite 240

EMPOWERING - AMERICA'S - ENTREPRENEURS AU Arter, 10 48103

January 18: 2019

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

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

Division of C	Corporations		
PEAK A	NLPHA WEALTH MANAGEME	NT LLC	
SUBJECT:	Name of Lim	ited Liability Company	1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	7
	Shannon Stahlin		
		Name of Person	<u>. </u>
	Direct Incorporation		
		Firm/Company	
	315 W Huron St. Ste. 240		
		Address	
	Ann Arbor, MI 48103		
		City/State and Zip Code	
	documents@directincorp.co		
		to be used for future annual report noti	fication)
For further information	on concerning this matter, please c	ali:	
Shannon Stahlin		877 2816496 at ()	
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e S30.00 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:

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 TO ARTICLES OF ORGANIZATION OF

PEAK ALPHA WEALTH MANAGEMENT LLC

ARTICLES OF ORG	GANIZATION 💆	
OF		
DESCRIPTION OF A THINGS IN CENTURE C		
PEAK ALPHA WEALTH MANAGEMENT LLC	77.	
(Name of the Limited Liability Company as i (A Florida Limited Liability	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were	e filed on 01/04/2019 and assigned	<u>ئ</u> ر
Florida document number L19000007386		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	company here:	
The new name must be distinguishable and contain the words "Limited Liability Con-	ompany," the designation "LLC" or the abbreviation "L.L.C."	-
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 aregistered agent and/or the new registered office address here:	address on our records, enter the name of the	new
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>	Type of Action
AMBR	Clifford Jonathan Camarda		
			☐ Remove
		3010 THIRD ST. S. SUITE A JACKSONVILLE BEACH, FL 32250	
			D Add
			Remove
			☐ Change
			Add Remove Change
			☐ Change
			□ Add
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ective date, if other than the data effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	specific and cannot be pri does not meet the appl	ior to date of tiling or licable statutory fili	(options more than 90 days after fili ng requirements, this da	ng.) Pursuant to 605,020
record specifies a delayed ef he 90th day after the record		not an effective	time, at 12:01 a.n	n. on the earlier
ed	2019	·		
:51 60				
- Than - 1/2	gnature of a member or au			

Page 3 of 3

Filing Fee: \$25.00