

L19000033321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

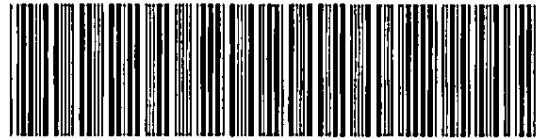
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATE &
2019 DEC -4 PM 4:25

LLC

N/C

Amend.

1/9/20

DC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JANIK CONSULTING LLC

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:

Jennifer Ruiz

Name of Person

Firm Company

1001 E Baker St Suite 403

Address

Plant City, FL 33563

City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Ruiz

813

420-5896

Name of Person

at (

_____) _____
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 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**

Janik Consulting LLC

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

FILED
CLERK OF CIRCUIT COURT
2019 DEC -4 PM 4:25
OFFICE OF CLERK OF CIRCUIT COURT

The Articles of Organization for this Limited Liability Company were filed on 02/01/2019 and assigned
Florida document number L19000033321.

This amendment is submitted to amend the following:

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

Peak Access Solutions LLC

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

Enter new principal offices address, if applicable:

1001 E Baker St Suite 403 Plant City, FL 33563

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO Box 1071 Dover, FL 33527

(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>
MGR	HUSSAIN, JAWAD	14142 DOVE HOLLOW DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Lewis	1001 E Baker St Suite 403	<input checked="" type="checkbox"/> Add
		Plant City, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Ruiz	1001 E Baker St Suite 403	<input checked="" type="checkbox"/> Add
		Plant City, FL 33563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 11/27/2019 (optional)


(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)

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.

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.

Dated 11/27/2019


Signature of a member of the board of directors

Signature of a member or authorized representative of a member

Tawad Hussain

Typed or printed name of signee