# L 19000053728

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Y. SCOTT OCT 1 4 2023



July 29, 2023

ERIC SUAREZ 291 KEATING DRIVE LARGO, FL 33770

SUBJECT: SUACIA ESGEE, LLC Ref. Number: L19000053728

We have received your document for SUACIA ESGEE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 623A00017076

057 <sup>0 3</sup> 2023

The name should now be available.

Thanks,

Eric Suarez

SECRETARY OF STATE DIVISION OF CORPORATIONS
7073 OCT -3 PM 3: 24

## COVÉR LETTER

	·	COVER LETTER		
TO: Registration So Division of Cor				
SUBJECT:	Trade	er Peaks, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
		Eric Suarez		
		Name of Person		
		Trader Peaks, LLC		300 300 300 300 300 300 300 300 300 300
	·	Firm/Company		
		291 Keating Drive		SECRETARY OF STATE IVISION OF CORPORATIONS
		Address		OR AL
		Largo, FL 33770		2 P
		City/State and Zip Code	<del></del>	Tr op
		ric.suarez@outlook.com	<del>,</del>	
For further information c	n-mail address: (	to be used for future annual report notifi all:	ication )	
	Suarez	at ( <u>786</u> ) <u>338 - 59</u> 2	27	
Name o	f Person	Area Code Daytime	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 (tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is end	us &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

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

SUACIA ES				
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appe Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL19000053728	were filed on _	February 25, 2019	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company	<u>here</u> :		
Trader Peaks, LLC	,			<u>.                                    </u>
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the abb	reviation "L.L.C.	<u> </u>
Enter new principal offices address, if applicable:			<u> </u>	335
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	_ <u>X</u> Z
	<del></del>		<u>_</u>	-82E
			- 	광유리
Enter new mailing address, if applicable:			<del></del>	R A
(Mailing address MAY BE A POST OFFICE BOX)			- <u>2</u> -	N. N.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, <u>enter the name</u>	of the new re	<u>egistered</u>
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter F	lorida street address		
		, Florida		
	City		Zıp Code	
New Desistand Agent's Signature if changing Registered Agent				

#### 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 Title Title Name Address Type of Action □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_ 🗆 Add \_ □Chan<mark>ge</mark> \_ □Add 🚖 *ယ့်* \_⊟Rema**ာ့** \_\_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ □ Remove \_\_\_\_\_ □Remove

### Page 2 of 3

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Filing Fee: \$25.00