## L19000109272

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
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## **COVER LETTER**

TO:. Registration Sect Division of Corpo			
	nnologies LLC		
SUBJECT:	Name of Limit	ed Liability Company	<del> </del>
	mendment and fee(s) are submence concerning this matter to		
Trease retain an correspond	Dick Curbelo		
		Name of Person	
	Cloud Peak Solutions LLC	2	
		Firm/Company	
	1400 NW 107 Ave Suite 3	310	
	-	Address	
	Miami, FL 33172		
		City/State and Zip Code	<del></del>
	dcurbelo@arkoss.com		<del>C-1-1-2</del>
		be used for future annual report noti	rication)
For further information con	ncerning this matter, please ca	II:	
Dick Curbelo		787 3615066 at ( )	
Name of	Person		e Telephone Number
Enclosed is a check for the	following amount:		<b>.</b> .
□ \$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

Avizzor Technologies LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number <u>L19000109272</u> .	were filed on4/18/19	and assigned
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liab	ility company here:	2828 APR
loud Peak Solutions LLC		
e new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the	e abbreviation b.L.C. = 2 =
nter new principal offices address, if applicable:	1400 NW 107 Ave Suite 300	P (%)
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33172	22 EA
nter new mailing address, if applicable:	1400 NW 107 Ave Suite 300	
Additing address MAY BE A POST OFFICE BOX)	Miami, FL 33172	
. 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 n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del> -	Ciţv	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 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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			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to do ock does not meet the applicable	(optionale of filing or more than 90 days after fistatutory filing requirements, this of	ling.) Pursuant to 605.0207
record specifies a delayed effective I is filed.	: date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
March 20.	2020		
	1		
	Signature of a member or attriorize	d representative of a member	<del></del>
_	,	helo.	