## LZO 0000 13848

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
(any cate/2.pm none //
PICK-UP WAIT MAIL
(Business Entity Name)
(Exemples 2 may name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400377910564

12/16/21--01006--003 \*\*25.00

12/16/21--01006--004 \*\*5.00

2021 DEC 13 AH II: 29

Omend/ Name Change

## **COVER LETTER**

TO: Registration So Division of Cor			ŕ	
	VERSIONES, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HUMBERTO J PECK			
		Name of Person		
	<u> </u>	Firm/Company		
	8685 BAYMEADOWS R	D E APT 823		
		Address		
	JACKSONVILLE, FL 323	256		
		City/State and Zip Code		
	HJPECKC@GMAIL.COM			
		to be used for future annual report notifica-	ition)	
For further information c	oncerning this matter, please c	all:		
HUMBERTO J PECK		786 6943340 at ()		2021 D
Name o	f Person	Area Code Daytime T	elephone Number	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Štatus & N

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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	AMENDMENT
T	
ARTICLES OF O	ORGANIZATION (S. )
0	F A Common Commo
J PECK INVERSIONES. LLC	AMENDMENT O DRGANIZATION  In the state of th
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited L	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/07/2020 and assigned
Florida document number L20000013848	were fried on and assigned (
rionda document number	
This amendment is submitted to amend the following:	
_	
A. If amending name, enter the new name of the limited liabi	ility company here:
J PECK SOLUTIONS, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." 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)	
muning duaress MAT DE ATOST OFFICE BOAT	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent anwor the new registered office address nere:	
Name of New Registered Agent:	<del></del>
Many Development (NCC - A. 11	
New Registered Office Address:	Enter Florida street address
	ETHE E TO ME IN CLI WHILED
	, 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 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	HUMBERTO J PECK	8685 BAYMEADOWS RD E APT 823	□Add
		JACKSONVILLE FL 32256	□Remove
			<b>=</b> Change
MGR	LUDDY YGUEREY	8685 BAYMEADOWS RD E APT 823	<b>≣</b> Add
		JACKSONVILLE FL 32256	□Remove
		<del></del>	□Change
			ClAdd
			□Remove
		<u> </u>	□Change
			🗀 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Сһапде
			□Add
			□Remove
			□Change

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ffect	ive date, if other than the date of filing:
an et	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 10 days of the Clina of the control of th
ocun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	d 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
l is fi	ed.
ated	<del></del>
·- <b>-</b>	
·- <b>-</b>	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  HUMBERTO J PECK

Filing Fee: \$25.00