## L20000300601

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## **COVER LETTER**

TO:

TO: Registration Division of	on Section Corporations
	y Consulting LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Austin Peavey
	Name of Person
	Peavey Consulting LLC
	Firm/Company
	9060 Summit Centre Way
	Address
	Orlando, FL 32810
	City/State and Zip Code  Jenni.baker@goldaccounting.com
	E-mail address: (to be used for future annual report notification)
For further information	ion concerning this matter, please call:
Austin Peavey	407 462-0286 at ()
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
S \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section Registration Section of Corporations Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peavey Consulting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/23/2020}{1}$ \_ and assigned Florida document number \_\_\_\_\_\_L20000300601 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Peavey Services 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: (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 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

## 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>	Address	Type of Action
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			∏Change.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Effec	tive date, if other than the date of filing:  10-01-2020  (optional)  (fective 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
Note:	ffective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nearly seffective date on the Department of State's records.
the reco	rd 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 filed.
Dated	J <u>2/22/2021</u>
	Motion Frances
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00