# LZ1 0000 45256

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### **COVER LETTER**

TO: • Registration Se Division of Cor			
Peshwa LI	.C	·	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rahul Kuppachhi		
		Name of Person	
	Peshwa LLC		
		Firm/Company	
	10101 Evergreen Hill Dr		
		Address	<del></del>
	Tampa/Florida 33647		
		City/State and Zip Code	
	rahulkuppachhi@gmail.cor		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notification)  all:	
Rahul Kuppachhi		813 7315510	
Name o	f Person	at () Area Code Daytime Telephone ?	Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Address Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, S.	

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peshwa LLC		
(Name of the Limited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{0}{2}$	1/25/2021 and assign	ned
lorida document number 1.21000045256		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability company h	nere:	
Pewterjak LLC		
he new name must be distinguishable and contain the words "Limited Liability Company." the	designation "LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable:	<b>~</b> 3	
* * *		
Principal office address MUST BE A STREET ADDRESS)		; ]
	<del>55</del>	' i 
		**
		٠
Enter new mailing address, if applicable:	1	
Mailing address MAY BE A POST OFFICE BOX)	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	_
	.23	
8. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Flo.	records, enter the name of the new r	egis
	F79	
Cin	, Florida	

### 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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If ame	nding any other informati	on, enter change(s) here: (A	ttach additional sheets, if necessary.)
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Effecti	ve date, if other than the d	late of filing:	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.03
Note:	retive date is listed, the date must labeled the date inserted in this blocent's effective date on the Dep	ck does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.0. statutory filing requirements, this date will not be listed
	ord specifies a delayed 90th day after the reco		effective time, at 12:01 a.m. on the earlier
Dated _	03/03/20	024.	
		Pollere	
		signature of a member or authorized	representative of a member

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