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R. HUNT 05/5/23

COVER LETTER

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CHDIECT.		sors V, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The souless	ع ا . ا . ا . ا		and the second second	
		Amendment and fee(s) are sub	•	
Please returi	n all correspo	ondence concerning this matter	to the following:	
		Evan Collart		
		·	Name of Person	
		PEO Advisors V, LLC		29/
			Firm/Company	3 hA
		2141 Main St. Suite Q		29/3 hA - 15
		· <u>·</u>	Address	
		Dunedin, FL 34698		~
			City/State and Zip Code	0 +0
		evan@peoadvisors.com	to be used for future annual report noti	· ·
For further i	nformation c	oncerning this matter, please c	·	neation)
Evan Collar		, , , , , , , , , , , , , , , , , , , ,	727 421-8250	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
S25.00 F	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpo Clifton Building	on
	Tallaha	issee, FL 32314	2661 Executive Co	enter Circle

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEO Advisors V. LLC		
(<u>Name of the Limited Liab)</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability	Company were filed on 04/28/2021	and assigned
Florida document number L21000198925	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	<u> </u>
		£23.
		OZ.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- ,
	-	12
		£-
B. If amending the registered agent and/or registered agent and/or the new registered office ade		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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
MGR	Gary Scott	140 Riviera Dunes Way #501	Add
		Pałmetto, FL 34221	■ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add: 1.7.1.1.2.2.2.2.2.2.1.1.1.1.1.1.1.1.1.1.
			☐ Remove
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		<u>,, </u>		F022
				C
	 			
				<u>.</u>
fective date, if other tha	n the date of filing. Mar	rch 01, 2023	(optiona	t)
an effective date is listed, the da	ite must be specific and cannot		r more than 90 days after filir	ig.) Pursuant to 605.02
ote: If the date inserted in to ocument's effective date on			ling requirements, this da	e will not be listed
seament's circuive date on	the Department of State 3 i	records.		
rocord enocifies a do	Invad offoctive data 1	hut not an offactiv	a tima at 12:01 a m	on the parliar
e record specifies a de The 90th day after the	e record is filed.	out not an enective	e time, at 12.01 a.m	. On the earlier
March 01	202;	3		
		·		
	X			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00