

122 0000 42316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

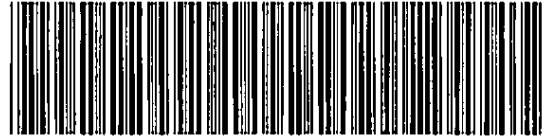
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2022 APR -8 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

APR 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEAKFORM-MD LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Canfield
Name of Person
PeakForm MD LLC
Firm/Company
631 Old Mount Dora Rd
Address
Eustis, FL 32726
City/State and Zip Code
chad@peakformmd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Canfield 407 4020201
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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

FILED

2022 APR -8 AM 7:57

PEAKFORM-MD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 01/24/2022
Florida document number L22000042316

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PEAKFORM MD 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)

631 Old Mount Dora Rd

Eustis, FL 32726

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

631 Old Mount Dora Rd

Eustis, FL 32726

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:

Chad Canfield

New Registered Office Address:

631 Old Mount Dora Rd.

Enter Florida street address

Eustis

City

Florida 32726

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Samuel Cantu-Reyna	631 Old Mount Dora Rd.	<input checked="" type="checkbox"/> Add
		Eustis, FL 32726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chad Canfield	631 Old Mount Dora Rd.	<input type="checkbox"/> Add
		Eustis, FL 32726	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Gloria Canfield	631 Old Mount Dora Rd.	<input type="checkbox"/> Add
		Eustis, FL 32726	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 3rd 2022

Digitally signed by Chad Canfield
Date: 2022.03.03 16:46:16 -05'00'

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 APR -8 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FL

March 28, 2022

CHAD CANFIELD
631 OLD MOUNT DORA RD
EUSTIS, FL 32726

SUBJECT: PEAKFORM-MD LLC
Ref. Number: L22000042316

We have received your document for PEAKFORM-MD LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 622A00007166