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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEAKFORM MD LLC

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TO: Registration Se Division of Cor	ection porations			
Pezkíorm i				
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:		
	J. Knox Burns, IV			
	,,,,,	Name of Person		<u> </u>
	Cauthen & Burns, P.A.			
		Firm/Company		
	215 North Joanna Avenue			
		Address		
	Tavares, Florida 32778		<b></b>	
		City/State and Zip Co	ode	
	E-mail address: (	to be used for future ann	ual report patifi	cation)
For further information of	concerning this matter, please c	all:		
Jennifer Conroy		352 at()	343-2225	
Name (	ef Person	Area Code	Deytime	Telephone Number
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	Certificate of Starus	Certified Copy (additional copy is	•	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Regi	t Address: stration Sect	
Division of C P.O. Box 632			sion of Corp Centre of Ta	
Tallahassee,	FL 32314		N. Monroe thassee, FL (	Street, Suite 810 32303

### DocuSign Envelope ID: 805077A6-6811-4873-ADD7-703A3A549343 AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on of (A Floride Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/24/20}{2}$	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Peakform LLC	
	ion "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable:	io2 "LLC" or the abbraviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designat	
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	28 
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u> Enter new mailing address, if applicable:	28
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u> Enter new mailing address, if applicable:	28 
The new name must be distinguishable and contain the words "Limited Liability Company," the designat Enter new principal offices address, if applicable:	28 

Name of New Registered Agent:	J. Knox Burns, IV		
New Registered Office Address:	215 North Joanna Avenue		
	Enter 1	Florida street address	
	Tavares	, Florida <sup>32778</sup>	
	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.

Depth&read by SATABREDEARADE

If Changing Registered Agent, Signature of New Registered Agent

## DocuSign Envelope ID: 805077A8-6811-4873-ADD7-703A3A549343 At amenuing Autoorized Person(s) autoorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

### MGR - Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Chad Canfield	631 Old Mount Dora Road	□Add
		Eustis, Florida 32726	■Remové
			□ Change
MGR	Samuel Cantu-Reyna	631 Old Mount Dors Roed	[]Add
		Eustis, Florida 32726	🗄 Remove
			Change
AR	Cash Group, LLC	631 Oid Mount Dore Road	🖹 Add
		Eustis, Florida 32726	🛛 Remove
		<u> </u>	🖸 Change
			🗆 Add
			🗆 Remove
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		a man na sa	⊡Add
			🗆 Remove
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			DRemove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated	October 30	2023	
	DocuSigned by:		
	Chad Canfield		
	~~~ <del>~~B=A\$</del> \$038 <del>8441458</del>	Signature of a member or authorized representative of a member	
	Chad Canfield		
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signed	

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## STATEMENT OF AUTHORIZATION

Peakform. LLC, Document Number L22000163038, was voluntarily dissolved pursuant to the Articles of Dissolution filed on <u>October 26</u>, 2023. Pursuant to the Name Change Armendment in Section A of the foregoing Articles of Armendment to Articles of Organization, please replace the entity name Decument Number L22000042316 (currently "Peakform MD, LLC") with "Peakform, LLC."

Dated this <u>30th</u> of <u>October</u>, 2023.

- Occusion to by: Usad Cainfield

Chad Canfield, as Manager of Peakform, LLC and Peakform MD, LLC