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(Requ	uestor's Name)
(Adda	ess)	
(Adda	ress)	
(City/	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

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T. MATTHEWS JUN 17 2022

COVER LETTER

CUD HECT.	Pelrak, LLC			•
SUBJECT:		Name of Limi	ted Liability Company	·
		Amendment and fee(s) are sub-		
		Kristina Bujakiewicz		
		·	Name of Person	
		Pelrak, LLC		
			Firm/Company	<u> </u>
		7260 SW 53rd Court		
			Address	
		Miami, FL 33143		
			City/State and Zip Code	
		kbujak10@aol.com		
		E-mail address: ()	to be used for future annual re	port notification)
For further in	nformation c	oncerning this matter, please ca	all:	
Raymond B	urkemper		813 857- at ()	4193
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
≡ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Re	iling Addres	Section		dress: tion Section of Corporations
יוכו	AISIOH OF C	Corporations	DIVISION	or corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION GENERAL ARY OF STATE OF

22 APR 25 AM 9: 00

Pelrak, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L22000102156	were filed on February 28, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7260 SW 53rd Court
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33143
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
maning undress MAT BE A TOST OFFICE DOM	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	Raymond Burkemper	7260 SW 53rd Court	≡ Add
		Miami, FL 33143	□Remove
			□Change
AMBR	Kristina Bujakiewicz	7260 SW 53rd Court	= Add
		Miami, FL 33143	□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			-
		□ Remove	
			□Add
			Remove
			□Change

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f an effective date is lis Note: If the date ins	ther than the date of filing:
record specifies a d d is filed.	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 19	2022
	Signature of a member or authorized representative of a member
Raumone	d Burkemper
- Kaymone	Typed or printed name of signee

Filing Fee: \$25.00