

(Requestor's Name)
(Address)
(A)
(Address)
(City/State/Zip/Phone #)
(Only State Light Notice II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/16/24--01019--015 **60.00

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COVER LETTER

TO: Registration Se Division of Co			
Shander G	roup LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Michael Shander		
		Name of Person	
	Peak Nexus Group LLC		
		Firm/Company	
	4221 w spruce street. Unit	2401	
		Address	
	Tampa, Florida 33607		
		City/State and Zip Code	
	peaknexusgroup@gmail.com		
For Comboning Comments of		to be used for future annual report notifi	ication)
	concerning this matter, please ca		
Michael Shander		215 801 9314 ar ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

TO:

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

Shander Group LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records. Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 8/12/2024	and assigned
lorida document number L 23 000 516 329		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
cak Nexus Group LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L,C."
nter new principal offices address, if applicable:	n/a same location as before	
Principal office address MUST BE A STREET ADDRESS)		2074
		ڏي
		<u>p</u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
		ਗ
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new regist
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida street address	
	•••••	
	, Flor	rida Zip Code
	City	гир Соае

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 ana 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 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>	Name	Address	Type of Action
	n/a	n/a	Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Add
			Remove
			□ Change
			□ Add
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			Change
			
			□Remove
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n/a					
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Effective date, if other	than the date of filing	ava g:		(optional)	
f an effective date is listed, t	he date must be specific and	d cannot be prior to da	te of filing or more that	90 days after filing.) Purs	uant to 605.0207
Note: If the date inserted	d in this block does not n	neet the applicable	statutory filing requ	irements, this date will r	not be listed as t
document's effective dat	e on the Department of S	itate's records.			
e record specifies a delay	ed effective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90th	h day after the
rd is filed.					
August 17th		2024			
Dated	<i>,</i>	,			
	1 11				
4)-					
	Signature of a	member or authorized	representative of a m	ember	

Typed or printed name of signee