. Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000219484 3)))



H240002194843ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				٠ ١
	vision of Cor	•		7. P.
Fax	c Number	: (850)617-6383		SAL LANGE
From:				芸芸
Acc	ount Name	: CAPITOL SERVICES,	INC.	رکن
Acc	ount Number	: I20160000017		ن کرنی
Pho	one	: (855)498-5500		€,
Fax	Number	: (800)432-3622		مر. مر
<u> </u>				
5 5 1 4 1 5 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	iress:			
1-000 NST NST		ATE/CORRECT	OR M/MG RE	SIGN
WE WE MAIL Add	MND/REST	ATE/CORRECT E PEAK CAPITAI		SIGN
YE   Add   Add	MND/REST	E PEAK CAPITAI		SIGN

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 05

 Estimated Charge
 \$55.00

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

JUN 2 6 2024

Ţ.,

;~r

486.5

other

1-5

s- ,

**COVER LETTER** 

H24000219484 3

	istration Se ision of Cor			
	Pine Peak C	Capital LLC		
SUBJECT:	Name of Limited Liability Company			
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
lease return	all correspo	ndence concerning this matter	to the following:	
<u> </u>	• • •	Evan Brovender		
	•		Name of Person	
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	integr		Firm/Company	
	٠		Address	
	<b>5</b> .		City/State and Zip Code	
	* II	erb234@comell.edu E-mail address: (1	o be used for future annual report noti	fication)
or further in	nformation co	oncerning this matter, please ca	-	·
257	P 444		ai ( )	
	Name of	Региол	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>□ \$25.00 F</b>	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	lling Addres	<u>s:</u>	Street Address:	

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

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

3/25/

H24000219484 3

<b>k</b> .	1 1 Tib		
N. r.	** ***		
li.	:	ARTICLES OF AMENDMENT	
Ċ₽.		TO	H24000219484 3
: <u>::</u>	•	ARTICLES OF ORGANIZATION	
<del></del>	A 164 11	OF	H24000219484 3
;			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Pine Peak	Capital LLC	
e.	. 4:	(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	
1	•		
		ation for this Limited Liability Company were filed on 06/24/2024	and assigned.
orida (	document numb	er 1.24000283812	
		Control of the Call of	
us am	enament is suon	nitted to amend the following:	
If an	nending name.	enter the new name of the limited liability company here:	
	liff Partners LLC		
		riguishable and contain the words "Limited Liability Company," the designation "LLC	" or the abbreviation "L. C."
c ne		gammato alla contain die word. Entitied Entitity continuity, are designation.	77 4,0 4,0 4,0 4,0 4,0
nter n	ew principal of	fices address, if applicable:	<u> </u>
rincip	al office addres	S MUST BE A STREET ADDRESS)	<del>.</del>
	·* ** :		
	• • • • • • • • • • • • • • • • • • • •		
iter n	ew mailing add	Iress, if applicable:	
	• • • • • • • • • • • • • • • • • • • •	BE A POST OFFICE BOX)	
(14141/1)	, mun ess mari	BEATOST OFFICE BOAY	
	.37	<del></del>	
16			the name of the new maintain
		gistered agent and/or registered office address on our records, <u>enter</u> registered office address here:	the name of the new registe
	<b>N</b> T	The state of the s	
	Name of New	Registered Agent:	<del></del>
	New Registere	ed Office Address:	
		Enter Florida street addres	3
	.,	D.	orlda

## New Registered Agent's Signature, if changing Registered Agent:

10

 $\cdot \, r_{\Gamma \underline{\nu}}$ 

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

Zip Code

\_\_\_\_ □Change H24000219484 3

H24000219484 3

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

Title Name Address Type of Action

MGR | Luke Berg 8742 Lewis River Road

Add

Add

Add

	, 5		
•		Delray Beach, FL 33446	□Remove
			LJ Remove
			□ Change
1	1		□Add
			→ □Remove
6.,		<del></del>	☐ Change
المسائد	· 155		Si.
			Charge SS: Add
•	ni,		Remove 6
			<u>ي</u> :
۸.	1		□Remove
( ).			□Change
<u>E</u> r			
<u> </u>			□Add
`			□Remove
	ı		
-24.	\$44		□Change
			[TLA.JL]
	<u></u>		
			□Remove
Α.	1.5		
4.51	• •		□ Change

Ę.	्र नेता इ.स.		H24000219484 3
11		Page 2 of 3	
D. If	amending any other info	rmation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
λ. (b <sup>*</sup> r			
	<u></u>		
1'			
	•		
			·
E	stre dat		
T( H	70 in 4 c		
			TALCAMASSI
A) (	<del></del>		
<u>ት</u> ፡፡ (ነኝ)	·		Fig. 5
<u>i</u> .:-	<u> </u>		- 0
,			2: 0
	•		
			·
- fife	fective date, if other that n effective date is listed, the dat	e must be specific and cannot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(b)
No.	ster. If the date inserted in th	his block does not meet the applicable statutory filing the Department of State's records.	requirements, this date will not be listed as the
(1 ' t			
if the	record specifies a del	ayed effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of:
	The 90th day after the	record is filed.	
∭ Tanana	uted		
.,,	<i>C</i> . /2	·	
	( ac fe	Signature of a member or authorized representative of	of a member
		anguistate of a memory of against our representative of	
	Evan Brovender	Typed or printed name of signer	<del></del>

Page 3 of 3

Filing Fee: \$25.00

If a least to the