624000366084

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18. HUNT 07/09/24

COVER LETTER

Tallahassee, FL 32314

ADVISORY, LLC Name of Lim mendment and fee(s) are sub ence concerning this matter TROY PETERMAN PETERMAN ADVISORY	mitted for filing.	
ence concerning this matter	mitted for filing. to the following:	
ence concerning this matter TROY PETERMAN	to the following:	
ence concerning this matter TROY PETERMAN	to the following:	
	Name of Person	
PETERMAN ADVISORY	Name of Person	
PETERMAN ADVISORY		
	, LLC	
	Firm/Company	
1962 ROLLING GREEN	CIR	
	Address	· · · · · · · · · · · · · · · · · · ·
SARASOTA, FL 34240		
	City/State and Zip Code	
E-mail address: (to be used for future annual report	rt notification)
cerning this matter, please c	all:	
	941 302-88	179
erson	Area Code D	aytime Telephone Number
following amount:		
-	□ \$55.00 Filing Fee &	S60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed	Certificate of Status &
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	troy@petermanadvisory.com E-mail address: (cerning this matter, please concersor following amount: \$30.00 Filing Fee & Certificate of Status	City/State and Zip Code troy@petermanadvisory.com E-mail address: (to be used for future annual repo cerning this matter, please call: 941 302-88 at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PETERMAN ADVISORY, LLC		
(Name of the Limited Liabi (A Floric	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L24000366084		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	• ;
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		141. 3
Enter new mailing address, if applicable:		2: 35 51: TE
(Mailing address MAY BE A POST OFFICE BOX)		
Mulling undress MAT BE A FOST OFFICE BOX		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed 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 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
MGR	JOANNE PETERMAN	1962 ROLLING GREEN CIR	
-		SARASOTA, FL 34240	□Remove
			□ Change
			□Add
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Filing Fee: \$25.00