

L24 000372182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

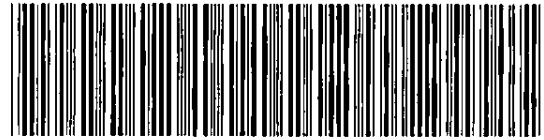
(Business Entity Name)

(Document Number)

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2024 SEP 13 PM 2:53
SUP. OF STATE
TALLAHASSEE, FL

121111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEARCH PEAK LLC
Name of Limited Liability Company

L24000372182 - DOC #

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua M Johnson
Name of Person

SEARCH PEAK LLC
Firm/Company

4635 Sanibel Way
Address

Bradenton Florida, 34203
City/State and Zip Code

joshua.business@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua M Johnson at (941) 725 4646
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

2013 SEP 13 PM 2:53
TALLAHASSEE, FL
DIVISION OF STATE

11-00000

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SEARCH PEAK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/26/24 and assigned
Florida document number L24000372182.

This amendment is submitted to amend the following: Authorized persons

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, 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.

If Changing Registered Agent, Signature of New Registered Agent

2024 SEP 5 PM 2:53
TALLAHASSEE, FL
REGISTRATION

5

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Joshua M Johnson	4635 Sanibel Way	<input checked="" type="checkbox"/> Add
		Bradenton, FL, 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua M Johnson	4635 Sanibel Way	<input checked="" type="checkbox"/> Add
		Bradenton FL, 34203	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	^{SR} ↓ Joshua M Johnson, SR		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Remove SR, mistake	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 23 10:53 AM
TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I need to change Joshua M Johnson SR to
just Joshua M Johnson I made a mistake
when filing my LLC Documents. There is no SR.
this is affecting my ability with opening bank
credit.

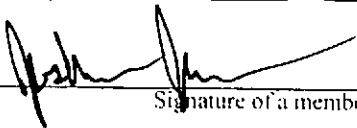
E. Effective date, if other than the date of filing: 9-09-24 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

September 9th
Dated 09-09 2024



Signature of a member or authorized representative of a member

Joshua M Johnson

Typed or printed name of signee

SEP 13 2024
11:13 AM
DEPT. OF STATE
TALLAHASSEE, FL