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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration So Division of Cor				
	uctions LLC			
SUBJECT:	Name of Lin	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Edgardo Gutierrez Montes	ro		
		Name of Person		
	Peke Productions LLC			
		Firm/Company		
	7321 nw 43 court			
		Address	<del></del>	
	Lauderhill, FL 33319			
		City/State and Zip Code	<del>1</del>	
	pekeguti19@hotmail.com	(to be used for future annual report notif	Kanada Sanada Sanad	
For further information of	eoncerning this matter, please c	•	icatton)	
Emmanuel Erazo		305 429 9883		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:		2074 D' SECR	
■ \$25,00 Filing Fee	∐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & ? Certified Cope - ( (additional copy) cerebrated Fig. (2)	
Mailing Addre		Street Address: Registration Sec	•••	
Registration Division of C		Division of Cor		
P.O. Boy 63		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peke Productions LLC	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Lumited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000448599</u>	ompany were filed on 10/21/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	red Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	SECRETA SECRETA
(Mailing address MAY BE A POST OFFICE BOX)	
R. If amonding the registered equal and/or registered	office address on our records, enter the name of the new Fegistered
agent and/or the new registered office address here:	vince agains on our records, enter the frame of the agent regiments
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
<del></del>	City Zuo Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Edgardo Gutierrez Montero	7321 nw 43 court Lauderhill, FL 33319	
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If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	ffective date, if other than the date of filing:	rior to date of ti dicable statute	ling or more than 9 ory filing require	0 days after fil	SOCTATION OF THE PURK	uant to 6	
	record specifies a delayed effective date, but not an effective is filed.	e time, at 12:0	)1 a.m. on the ca	rlier of: (b)	The 90tl	i day af	ter the
	November 25th 2024	<u></u> •					
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Filing Fee: \$25.00