

M20000001539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

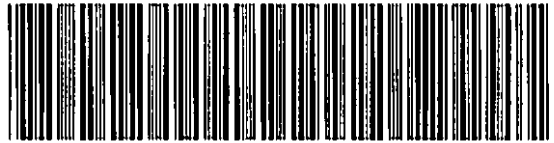
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4025, 707

Office Use Only

*[Signature]*



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22 NOV 28 PM 3:41

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DIVISION OF CORPORATION



**To: Florida Department of State**

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

**To Whom It May Concern;**

Enclosed is the completed form to amend the Articles of Organization for Peak Level Performance, LLC. Please direct questions and other correspondence to Russell Milford at following address and phone number:

331 Footbridge Road  
Saint Johns, FL 32259  
(904) 675-1516

Thank you.

**Sincerely,**

**Russell Milford**  
**Owner**

22 NOV 28 PM 3:41  
Division of Corporations

**Peak Level Performance**

(904) 675-1516

331 Footbridge Road, Saint Johns, FL

milford@peaklevelperformance.com



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2022 NOV 28 PM 1:54

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2022

RUSSELL MILFORD  
331 FOOTBRIDGE ROAD  
SAINT JOHNS, FL 32259

SUBJECT: PEAK LEVEL PERFORMANCE LLC  
Ref. Number: M20000001539

We have received your document for PEAK LEVEL PERFORMANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 522A00025465

22 NOV 28 PM 3:42  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peak Level Performance LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell Milford

\_\_\_\_\_  
Name of Person

Peak Level Performance

\_\_\_\_\_  
Firm/Company

331 Footbridge Road

\_\_\_\_\_  
Address

Saint Johns, FL 32259

\_\_\_\_\_  
City/State and Zip Code

rmilford@peaklevelperformance.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Milford

at ( 904 ) 675-1516

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

*Sent previously*  
CR2E055 (9/15)

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DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Peak Level Performance LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M20000001539

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 1/27/2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **Florida**

\_\_\_\_\_, *City*

\_\_\_\_\_, *Zip 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 Changing Registered Agent, Signature of New Registered Agent

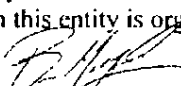
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  
removing Holly Crotty and adding Alexis Milford

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Holly Crotty	32 Bungalow Court	<input type="checkbox"/> Add
		Aiken, SC 29803	<input checked="" type="checkbox"/> Remove
AMBR	Alexis Milford	331 Footbridge Road	<input checked="" type="checkbox"/> Add
		Saint Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Russell Milford

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**