

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	1050	wa91-	ra.com
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERUMEX LLC

Certificate of Status	()
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Page Count	01
Estimated Charge	\$25.00

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Help

K. SALY

JAN 26 ZUZZ



January 21, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PERUMEX LLC 1390 S DIXIE HWY STE 1309 CORAL GABLES, FL 33146

SUBJECT: PERUMEX LLC REF: L22000002990

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H22000025298 Letter Number: 622A00001628

2022 JAN 25 FIN 1: 13

P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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vords "Limited Lie	bility Company." the designation "LL	C" or the abbreviation "L.L.C."
able:		
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BOX)	SUITE 300	
	MIAMI, FL 33131	
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1000 BRICK		
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	red Liability Country (A Florida Limited liability Companiowing:  f the limited liability able:  TADDRESS)  registered offices here:  AGI REGIST	### The limited liability company here:    Figure   Figure

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. If, if this document is being filed to merely reflect a change in the registered office address, I hereby company that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

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<u>Title</u>	Name	Address	Type of Action
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record specifies a de d is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
January 19	2020	
	1.01.11	
	Signature of a member of applicative of a member	

Filing Fee: \$25.00

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