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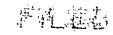
EXAMINER

COVER LETTER

TO:	Registration So Division of Con		•	· · · · · · · · · · · · · · · · · · ·
SUBJEC	ct: F	PEARLY EDGE LIM	ITED LIABILITY COI	MPANY
	<u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all correspo	ondence concerning this matte	r to the following:	
			Sharon Gray	<u>· </u>
			Name of Person	
PEARLY EDO		PEARLY EDG	E LIMITED LIABILITY (COMPANY
		Firm/Company		
:			2327 S. US Hwy 1	
Fort Pierce, FL 34982 City/State and Zip Code				
				· · · · · · · · · · · · · · · · · · ·
		info E-mail address: (@fortpiercesylvan.com to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please o	call:	
		naron Gray	at (772)	460-6008
	Name o	f Person	Area Code & Da	vtime Telephone Number
Enclosed	is a check for th	ne following amount:		
		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Section Sectin Section Section Section Section Section Section Section Section
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallopasses, El. 32314		STREET/COI Registration Se Division of Co Clifton Buildin	porations g	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



20H JUN 27 PM 2 54

Pearly Edge Limited Liability Company as it now appears on our records.

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _________________________________and assigned Florida document number <u>Lo7000033508</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Address</u> <u>Name</u> Jevon Rhodes MGRM. ☐ Add 2327 S. US Hwv 1 Fort Pierce, FL 34982 ✓ Remove Damian Stone-Grant MGRM 2327 S. US Hwy 1 ☐ Add Remove Fort Pierce, FL 34982 MGR Sharon Gray 2327 S. US Hwy 1 ☐ Add Remove Fort Pierce, FL 34982 Sharon Gray MGRM **√** Add 2327 S. US Hwv 1. Remove Fort Pierce, FL 34982 MGR Jevon Rhodes ✓Add 2327 S. US. Hwy 1 Remove Fort Pierce, FL 34982 MGR Damian Stone-Grant 2327 S. US Hwy 1 ✓Add Remove Fort Pierce FL 34982 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please amend the following titles of these individuals to properly reflect their roles. 2011 June 23 Dated W Signature of a member or authorized representative of a member Sharon Gray Typed or printed name of signee

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Filing Fee: \$25.00