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ALLAHASSEF FINALE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Perlo Red Estate Holdings II LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richelle kobers	
Perko Real Estate Holdings II CCC Firm/Company	
1341 Hobson St Address	
City/State and Zip Code Rikk Sunshine @ yahoo. Con E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 251 1421 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$\square \text{\$\square\$}\$25.00 Filing Fee \text{\$\square\$}\$55.00 Filing Fee \text{\$\square\$}\$60.00 Filing Fee,	
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	
** _\	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Lin (A Flo	Ability Company orida Limited Lia	te Holding as it now appears bility Company)	s on our records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L07000</u> 6	ility Company v		ι	Agand assigned LAHAS	d []
This amendment is submitted to amend the following		SEE OF	Barr Mga		
A. If amending name, enter the new name of th	e limited liabili	ity company here	:	PM IS: 2: OF STATE OF LORIGI	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	d Liability Compar	y," the designation	"LLC" or the abbrev	viatio
Enter new principal offices address, if applicabl	le:	1341	Hobson S.	- .	
(Principal office address MUST BE A STREET A	ADDRESS)	<u>lon</u>	gwood f	32750	
Enter new mailing address, if applicable:		1341	Hobson !	54-	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	Long	gwood f	7132750	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ce address on o	ır records, <u>enter</u>	the name of the	e nev
	134	1 Hobson	SL		
New Registered Office Address:	1)(er Florida street ac	ddress	
	long	wood	, Florida	32750	
-		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 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

	<u>Name</u>		Address	Type of Ac
			·	Add
				Add Remove
				<u></u>
				Add Remove
				Add Remove
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amen	ding any other inf	ormation, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
				
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		2	a li	
	12/29	V)	<u>o y</u> .	
		Signature of a member	or authorized representative of a member	
		Richelle	Kobers Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00