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(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Document Number)		
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	contand.	Aud	Company.	4.6	
		_	Name of Dimited Liab	ility Company	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Haria builler
Name of Person
bent and perd lumpany LLC
Firm/Company
1395 Brichell the Suite 1080
Address
Hiami, 42 33151
City/State and Zip Code
maville nove subolding 10m.
E-mail address: (to be used for future annual report notification)
erning this matter, please call:

For further information conc

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

bert and Perd Compa	uny, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our reability Company)	ecords.)	_
The Articles of Organization for this Limited Liability Company w Florida document number <u>LD9 0000 34 252</u> .	vere filed on 4 8	2009 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability		"LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ZOB NOV	ilito y com
B. If amending the registered agent and/or registered offiregistered agent and/or the new registered office address here:	ice address on our re	cords, enter the nar	ne öfithe new
Name of New Registered Agent:	NA		
New Registered Office Address:	Enter Florida street a	address	
		, Florida	
	City	Zip Co	ode

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

If amend or remov	ling Authorized Person(s) authorized to ma	nage, enter the title, name, and address of each person being ac	<u>dded</u>
	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Action	<u>1</u>
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	Thursday, teres stars	Hrumi, PL 33131 DRemove	
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_	ding any other information, enter change(s) here: (Attach additional sheets, Way 10 KMOVE FUNUS (D PEVEZ FORM)	Bent	& KVd
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Effecti	e date, if other than the date of filing:	_ (optional)	
If an effe Note:	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	ays after filing.)	
	rd specifies a delayed effective date, but not an effective time, at 12 Oth day after the record is filed.	2:01 a.m. d	on the earlier of
	11 1 2-1 2015		
Dated .	P - D - D -		
Dated _	Signature of a member or authorized representative of a member	:	

Page 3 of 3

Filing Fee: \$25.00