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SECRETARY OF STATE
TAULAHASSEE, FLORIDA

TO: -Registration Section Division of Corporations			
SUBJECT: Perity Ink. Entertainment, L. L.C. 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:			
Annanetha Rickia Mitchell Name of Person			
Firm/Company			
17455 Sw 33 Court			
Minor FL 3302C1 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Annan Ha Bickia Mitchill at 305, 924-4408 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & 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

TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	17455 Sw 33 Cart	
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33029	
Enter new mailing address, if applicable:	19455 Gw 33 Court	
(Mailing address MAY BE A POST OFFICE BOX)	Miramor, FL. 33029	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new	
Name of New Registered Agent:	ACC A	
New Registered Office Address:	Enter Florida street addingss	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Zode ORDE St.	

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.

or Managing Member being added or removed from our records: 4 Sec. 4 MGR = Manager MGRM = Managing Member <u>Address</u> Type of Action **Title** Name | ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

Page 2 of 2

resentative of a member

Signature of a men

Filing Fee: \$25.00