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S. HAWKES
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EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT:				
SUBSECT,	Name of Limit	ted Liability Company		
The enclosed Articles of An				
Please return all correspond	ence concerning this matter	to the following:		
		Timothy B. Perenich Name of Person	····	
28059 US Highway 19 North, Suite 100				
	, , , , , , , , , , , , , , , , , , ,			
	C	Clearwater, FL 33761		
		City/State and Zip Code		
	time	othy@perenichlaw.com		
	E-mail address: (1	to be used for future annual report not	ification)	
For further information con	cerning this matter, please c	all:		
Timothy	/ B. Perenich	at (727)	669-2828	
Name of P	erson	at (727) Area Code & Dayti	me 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 enclose	\$60.00 Filing Fee, Certificate of Status & ed) 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

	Perenich Law, PL		<u> </u>
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi Florida document number		December 23, 2009	_ and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company he	ere:	F11
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Comp	pany," the designation "L	Stor the abbraratio
Enter new principal offices address, if applicabl	e:		TO TO TO
(Principal office address MUST BE A STREET A	(DDRESS)		聖二
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	,	Inter Florida street addre	22
	L		oo o
	City	, Florida	Zip Code
	City		Dip Como

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 amendin; 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 = Mar MGRM = M	nager Ianaging Member		OFEB. T
<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGRM	Gregory J. Perenich	28059 US Highway 19 North, Suite 100 Clearwater, FL 33761	
<u>MGRM</u>	Timothy B. Perenich	28059 US Highway 19 North, Suite 100 Clearwater, FL 33761	☐ Add ☑ Remove
MGRM	Terence A. Perenich	28059 US Highway 19 North, Suite 100 Clearwater, FL 33761	} ☐ Add ☑ Remove
MGR_	Gregory J. Perenich	28059 US Highway 19 North, Suite 100 Clearwater, FL 33761	✓ Add — Remove
MGR_	Timothy B. Perenich	28059 US Highway 19 North, Suite 100 Clearwater, FL 33761	∟☑ Add Remove
<u>MGR</u>	Terence A. Perenich	28059 US Highway 19 North, Suite 100 Clearwater, FL 33761	_√Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	- - -
Dated		2010 Der or authorized representative of a member	
	Timot	hy B. Perenich, Manager ped or printed name of signee	

Page 2 of 2

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