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(Requestor's Name)		
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SECRETARY OF STATE
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COVER LETTER

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SURI		WESTCHA	SE INFLATABLE FUN, LLC				
SUBJECT:Name of Limited Liability Company							
The en	nclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	ereturn	all correspo	ndence concerning this matter	to the following:			
			DONNA PERKINS				
			A	Name of Person	WA 25-40-		
	WESTCHASE INFLATABLE FUN, LLC						
				Firm/Company			
19349 Long Lake Ranch Blvd							
	Address						
			Lutz, FL 33558				
				City/State and Zip Code	-		
	wcinflatables@yahoo.com						
			E-mail address: (to be used for future annual report notifi	.cation).		
For fu	rther in	formation co	oncerning this matter, please co	all:			
DON	NA PEI	KINS		813 842-0227			
		Name of	Person	at () Area Code Daytime	Telephone Number		
Enclos	sed is a	check for th	e following amount:				
□ \$2	25.00 Fi	ling 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

18 MAR	LED
SECRETARY OF LANGE	7 PM 3 50
	FLORIDA

WESTCHASE INFLATABLE FUN, LLC

(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	y Company were filed on 06/12/2012	and assigned
Florida document number L12000077920	The state of the s	
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the l	limited liability company here:	
PERKS SERVICES, LLC		
The new name must be distinguishable and contain the words "l	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 AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
Name of New Desistand Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida

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 heen notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 18 MAR -7 PN 3 50

Address SECRETARY OF STATE
FLORIDA MGR = Manager AMBR = Authorized Member **Title** Name **Type of Action** □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

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	ttach additional sheets, if necessary.) 18 MAR SECRETARY PH 3-5
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to dat Note: If the date inserted in this block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) tatutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated March 1 2018.	
$\left(\frac{1}{2} \right)$	1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00