Division of Corporations Electronic Filing Cover Sheet,

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SERFATY LAW, P.A.

Account Number : I20060000161

Phone

: (305)722-8555

Fax Number

: (305)722-9555

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERENITY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

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FAX No.

## H170002518243

## ARTICLES OF AMENDMENT ΤÒ ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Comp	onny as it now	appears on or	r records.)
7A	Florida Limiter	Liability Con	many)	

ART		O ORGANIZATION	records.) and assigned	
		)F		
		* <sub>t</sub> t	90 3 C	
PERENITY, LLC			Total C	
(Name of the Limi	ted Liability Compa (A Florida Limited)	nny as It now appears on our a Liability Company)	records.)	
			20, 30	
The Articles of Organization for this Limited L	iability Company	/ were filed on	and assigned	
Florida document number L13000021159	<u> </u>		8	
This amendment is submitted to amend the foll	owing:			
This amedament is additioned to anital the total	Owing.			
A. If amending name, enter the new name o	f the limited liab	illity company here:		
The new name must be distinguishable and contain the v	vorda "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4770 BISCAYNE BLVD	D., SUITE 1430	
		MIAM), FL 33137		
			<u> </u>	
			-	
Enter new mailing address, if applicable:		4770 BISCAYNE BLVE	)., SUTTE 1430	
(Mailing address MAY BE A POST OFFICE ROX)		MIAMI, FL 33137		
B. If amending the registered agent and			cords, enter the name of the new	
registered agent and/or the new registered of	ffice address her	<u>'e</u> :		
	PEDEATVIA	W. D. A		
Name of New Registered Agent:	SERFATY LA	.W, F.A.	<del></del>	
New Registered Office Address:	4770 BISCAY	NE BLVD., SUITE 1430		
· <u>—</u>		Enter Florida street	address	
	MIAMI		, Florida <u>33137</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing I	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 confign that the limited liability company has been notified in writing of this change.

anging Registered Agent, Signature of New Registered Agent

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PAX No.

## H170002518243

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

MCR = AMBR =	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
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tive date, if other than the d ffective date is listed, the date must l	ate of filing:	ior to date of filing or my	optio	nal) Sing Pursuan to 605 Y
If the date inserted in this bloc	ik does not meet the app	dicable statutory filing	requirements, this	date will not be listed
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ecord specifies a delayed e 90th day after the recor		not an effective t	me, at 12:01 a	.m. on the earlier
e soci day aiter the recor	d is med.			
SEPTEMBER 25th	A 20,17			
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Ylandha	سرر لارم ک			
_\N(A-K\X\CL_)_S	ignature of a meniter of a	sthopized representative	of a member	

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Filing Fee: \$25.00