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Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	





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J. HARRIS

## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Derenity 1	L.C.	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	J&S)	Name of Person	
		ity Law, P.A.  Firm/Company	
		Biscagne Blvd	
	Miami	FL 33137. City/State and Zip Code	
-	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	□ \$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

Perenity (	JC		
(Name of the Lighted I	iability Company as it now apper lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi		2111/13	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 l	here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)	·	
			<u> </u>
		•	T.
Enter new mailing address, if applicable:			<u>د ر</u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<del></del>
•			· S
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter t</u>	he name of the new
N. CNI Danistand Assess			
Name of New Registered Agent:		·	
New Registered Office Address:			·
	Enter Fi	lorida street address	
-		, Florida	Zip Code
	City		гір Соде

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mol.	Daves Taileb	4770 Biscarpe Blue # 1430	_ □ √dd
		miami, Pr 33137	Remove
		-	Change
Mar	Danel Georges taich	4770 BISCLYNE BING # 1430	BAdd
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60:  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlieb). The 90th day after the record is filled.  Dated 1-2-2018.  Signature 91-effective requirements of a member.			· · · · · · · · · · · · · · · · · · ·		
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Filing Fee: \$25.00