L13000131563

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COVER LETTER

TO: Registration of	Corporations	
PERLA	A MACHAEN LLC	
SCB0EC1	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all com	respondence concerning this matter to the following:	
	MANUEL M ARVESU	
	Name of Person	
	TRANSACTION ADVISORS &CONSULTANTS LLC	
	Firm/Company	
	10261 SW 72 ST, SUITE C 101	
	Address	
	MIAMI FL 33173	
	City/State and Zip Code	
	MMARVESU@GMAIL.COM E-mail address: (to be used for future annual report notification)	
For further informat	ion concerning this matter, please call:	
MANUEL M ARVI		
Name of Person at () Area Code Daytime Telephone Number		
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fe	Certificate of Status (additional copy is enclosed) 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

PERLA MACHAEN LLC			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on out ted Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	3	and assigned
Florida document number L13000131563			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
THE PEARL GROUP BY PERLA MACHAEN LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbrey	ection "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECULE AND L	(7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	7	records, enter the	Anne of the
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	et address	
	Citv	, Florida	Zip Code
	City	4	лр Соае

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
			∕ □ Add
			□ Remove
			Change
			🗖 Add
			Remove
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	<u> </u>
(If an e Note:	tive date; if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	APRIL 1, 2016

Filing Fee: \$25.00

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