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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	R PEREZ GE	ENERATOR SERVICE AND	REPAIR LLC	
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return	ali correspond	dence concerning this matter	to the following:	
		CLAUDIA PEREZ		
			Name of Person	
		R PEREZ GENERATOR S	SERVICE AND REPAIR LLC	
			Firm/Company	
		8350 NW 4 STREET		
			Address	
		PEMBROKE PINES FL 33	3024	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	nformation cor	ncerning this matter, please ca	dl:	
CLAUDIA	PEREZ		at (<u>786</u>) <u>493</u> Area Code Daytime	- 0968
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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:

TO:

Registration Section

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

LC
ny as it now appears on our records.) iability Company)
were filed on 02/27/2014 and assigned
lity company here:
ity Company," the designation "LLC" or the abbreviation "L.L.C."
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fice address on our records, <u>enter the name of the ne</u> :
·
Enter Florida street address
, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	ROLAND PEREZ	8350 NW 4 STREET	
		PEMBROKE PINES FL 33024	■ Remove
			Change
MGR	CLAUDIA PEREZ	8350 NW 4 STREET	
		PEMBROKE PINES FL 33024	□ Remove
		-	Change
			Add
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Effective date, if other than the d	ate of filing:	by prior to data of	filing or more than O	(optional)	Dummunt to 605 0207
fan effective data is listed, the date must be	k does not meet the	applicable statu	tory filing requirer	nents, this date v	vill not be listed as
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If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Deponeerecord specifies a delayed. The 90th day after the record.	effective date, both is filed.	out not an eff			n the earlier of

Page 3 of 3

Filing Fee: \$25.00