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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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JAN 0'5 20.3 J. BRUCE

COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	Perkins Soft	ware Services, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	nmendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Edward A. Perkins		
			Name of Person	
		Perkins Software Services	, LLC	
			Firm/Company	
		131 James Place		
			Address	
		Maitland, FL 32751		
			City/State and Zip Code	
		edperkinsfl@gmail.com	to be used for future annual report notificati	on)
For further in	formation co	ncerning this matter, please ca	·	7.4 2.770 55
Edward A. P	erkins		407 920-5124 at ()	
	Name of	Person	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	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:

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

Perkins Software Services, LLC				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records. bility Company)	.)		
The Articles of Organization for this Limited Liability Company w Florida document number L14000038066	ere filed on 3/06/2014		and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abb	reviation "I	L.C."
Enter new principal offices address, if applicable:		. <u> </u>		. <u></u>
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records,	enter t	he name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address		<u> </u>	
		rida	i i	
	City	()	Z ip Code	* u**
New Registered Agent's Signature, if changing Registered Agent:		15 A	7)	* \$ ** ‡
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F	l Í ám fa '.S. Or, i	miliar wi f this doc	ith and rument is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pamela Sue Perkins	131 James Place Maitland, FL 3275	
			Remove
			Change
			☐ Remove
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	11/01/2015		,		
ective date, if other than the dan effective date is listed, the date must be	e specific and cannot be prior to			er filing.) Purs	
te: If the date inserted in this block cument's effective date on the Depa		ble statutory filing	requirements, th	nis date Will i	not be listed
	ffective date, but not dis filed.	an effective tin	ne, at 12:01	a.m. on t	he earlier
he 90th day after the record					
The 90th day after the record	7:56AM	- <u>'</u>			\n \n \n
The 90th day after the record				700	
The 90th day after the record		ized representative of	a member		\$790 mg

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Filing Fee: \$25.00