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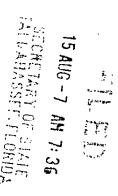
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## **COVER LETTER**

	Registration Sec Division of Corp			, •
eud ie		CAPITAL, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		LUKAS P SAMUELS		
		•	Name of Person	
			Firm/Company	
		3200 N OCEAN BLVD SI	UITE 801	
			Address	
		FORT LAUDERDALE FI	L 33308	
		properties@allurepandi.com	City/State and Zip Code	
			to be used for future annual report notif	fication)
For further	er information co	oncerning this matter, please ca	all:	
PATRIC	IA ADKINS		561 245-1779 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing 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

PERFECTO CAPITAL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L14000102474 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3200 N OCEAN BLVD SUITE 801 Enter new principal offices address, if applicable: FORT LAUDERDALE, FL 33308 (Principal office address MUST BE A STREET ADDRESS) 3200 N OCEAN BLVD SUITE 801 Enter new mailing address, if applicable: FORT LAUDERDALE, FL 33308 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 **Type of Action Address** Title **Name** \_ Add ■ Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add \_□ Remove ☐ Change □ Add □ Remove \_□ Change

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days lote: If the date inserted in this block does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records.	s after filing.) Pursi	uant to 6	05.0207 sted as
e record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	:01 a.m. on th	ne ear	lier o
ated $\frac{7/30}{}$ , $\frac{20/5}{}$ .			
Signature of a member or authorized representative of a member	member		
Pateicia adlaws			

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Filing Fee: \$25.00