# L14000104146

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## **COVER LETTER**

TO: Registration Sect Division of Corpo		
SUBJECT: South	n Pearl Carrier, L.L.C	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Lucia Becerra	
	Name of Person	
	South Pearl Carrier, L.L.C	
	Firm/Company	
	120 NW 24TH Terrace	
	Address	
	Cape Coral, Fl, 33993	
	City/State and Zip Code	
	Southpearlcarrier@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information cor	incerning this matter, please call:	
Lucia Becer		
Name of		
Enclosed is a check for the	e following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	itus &

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

( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L14000104146	mpany were filed on 6-30-2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
South Pearl, L.L.C	
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SSS)
Enter new mailing address, if applicable:	Sign of the second seco
Mailing address MAY BE A POST OFFICE BOX)	
	5 EA
B. If amending the registered agent and/or register	red office address on our records, enter the name of the n
registered agent and/or the new registered office addres	ss nere:
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	. Florida
	City Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

South Pearl Carrier, L.L.C

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action □ Add □ Remove □ Add ☐ Remove □ Remove \_ Add \_□ Remove \_□ Add ☐ Remove

. If amending any other information, enter change(s) here: (Attach additio	nal sheets, if necessary.)
•	
	<del></del>
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	e more than 90 days after
Dated,	
- Shuar	
Signature of a member or authorized representative	of a member
Lucia Becerra	
Typed or printed name of signee	

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Filing Fee: \$25.00

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