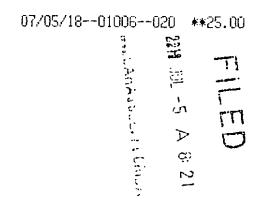
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(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:		perfies LLC			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person  Properties LC  Firm/Company  NE 81 St  Address  Gity/State and Zip Code  oe 79500161.00  to be used for future annual report notification.	, Arim solic, i work	第1 Jil -5 A 8:21	
For further information c	oncerning this matter, please c				
Alejandro T	Rohndo	at (305) 606 Area Code Daytime	\603 Telephone Number	_	
Enclosed is a check for the	ie following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA Pa	operties LL	C			
	lity Company as it now appea la Limited Liability Company)				
The Articles of Organization for this Limited Liability (Florida document numberL14 0001 536		10/01/2014	an	id assign	ied
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:		designation "LLC" or the ab	obreviati	on "L.L.C	<del></del>
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	<u> </u>	<u></u>	<del></del>
Enter new mailing address, if applicable:			<del>1</del> D		
(Mailing address MAY BE A POST OFFICE BOX)			\$ (*) \$ (*)	क्ष	1 
B. If amending the registered agent and/or regi			C.	<u>&gt;</u> ;;	
B. If amending the registered agent and/or registered agent and/or the new registered office add	dress here:	i our records, <u>emer</u>	the na	ange or	the nev
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:					
	Enter Flo	rida street address			
	City	, Florida	Zip	Code	
	·		•		

## 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
MGRM	Osvaldo Morenza	1741 SW 225t.	
		Migmi Fl 33145	Remove
			Change
MGRY	Alexandro Ratundo Valeri	3141 XW 68 Ct.	Add
		3141 XW 68 Ct. Fort Laudordal, F1 3330	9 🗆 Remove
			☐ Change
		- - - - -	Remove
			Remove
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ocument's effective date	on the Department of S	itate's records.					
e record specifies a o	delayed effective c	date, but not a	an effective ti	me, at 12:01	a.m. oi	n the ear	lier o
The 90th day after t	the record is filed.						
ated 07/02	12018						
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	Signature of a	member or authoriz	ed representative of	f a member			

Page 3 of 3

Filing Fee: \$25.00