L150000046752

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

APR 2 3 2015 T. HAMPTON

COVER LETTER

TO:		istration Sect sion of Corp			
SUBJE	ст.	The Perry	Group of Safety Harb	or LLC	
SUBJE	C1.		Name of Limi	ted Liability Company	
			mendment and fee(s) are sub-	-	
Please r	eturn	all correspon	dence concerning this matter	to the following:	
			Philip L. Perry IV		
				Name of Person	
				Firm/Company	
			PO Box 1444		
				Address	
			Safety Harbor, Florid	da 34695	
			philp.perry2@gmail.c	City/State and Zip Code	
			· · · · · · · · · · · · · · · · · · ·	o be used for future annual report not	ification)
For furt	her ir	oformation co	ncerning this matter, please ca	all:	
Philip	Per	ry		813 368-3168	8
		Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed 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)
		MAILI	NG ADDRESS:	STREET/COUR	IER 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

The Perry Group of Safety Harbor LL		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L15000046752	pany were filed on 3/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The Perry Group of Florida LLC		
The new name must be distinguishable and end with the words "Limited	d 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 ADDRES	<u>(S)</u>	AG 5
		AND P
		in man
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	TO
		92 5
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	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 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

<u>Name</u>	Address	Type of Action
		Add
		Remove
		Add
		□ Remove
		-
		Remove 5
		Add Add
		FIS THE Remove
		ADA 110A
		Add
		Remove
		□ Add
		□ Remove

). If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
		
(The effective the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days document is filed by the Florida Department of State)	tional) es after
Dated Ma	arch 31st , 2015	11/
	Signature of a member or authorized representative of a member Philip L. Perry IV	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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