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(Re	questor's Name)	
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SECRETARY OF STATE
OF CORPORATIONS
ON APR - 4 FM 2: 48

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## **COVER LETTER**

	legistration Sec Division of Corp				
CHRICA	Peritas Branc	ds, LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
Please retu	ırn all correspor	idence concerning this matter	to the following:		
		Erin Patterson			
			Name of Person	<del></del>	
			Firm/Company		
		4080 Dancing Cloud Court	1 # 219		
			Address		
		Destin, FL 32541			
			City/State and Zip Code		
		info@peritas.com		-	
			to be used for future annual report notifi	ication)	
For further	r information co	ncerning this matter, please co	all:		
Erin Patte	rson		850 420-0840 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	SELACE SISISIE U 20 APR
Enclosed i	s a check for the	e following amount:			3 75 TO THE
<b>■</b> \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fer Certificate of St Certified Copy (additional copy is c	atus & ?

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Peritas Brands, LLC

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{5/1/2015}{1}$ and assigned Florida document number L15000077367 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." 304 Racetrack Enter new principal offices address, if applicable: Fort Walton Beach, FL 32548 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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n eneci i <mark>te:</mark> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at's effective date on the Department of State's records.
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the l.
ted	Signature of a member or authorized representative of a member
	Erin Patterson

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Filing Fee: \$25.00