L15000077367

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COVER LETTER

TO: Registration So Division of Cor				
Peritas Bra	nds LLC			
SUBJECT:	Name of Lim	nited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Weston Dudley			
		Name of Person		
	Peritas Brands LLC			
		Firm/Company		
	P.O. Box 326 Address Niceville FL 32588			
		City/State and Zip Code		
	info@peritas.com			
	E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please of	all:		
Weston Dudley		850 692-9596		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration S	ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 632		The Centre of		
Tallahassee,	エル 34314	Z4TJ IN. IVIOIII	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peritas Brands LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companion Florida document number L15000077367	y were filed on 5/1/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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		· ·
Enter new mailing address, if applicable:		25
(Mailing address MAY BE A POST OFFICE BOX)		70
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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
President	Peritas Brands LLC	P.O. Box 326	□Add
		Niceville FL 32588	■Remove
			□Change
AMBR	Weston Dudley	P.O. Box 326	= Add
		Niceville FL 32588	Remove
			Change
			🗀 Add
			Remove
			□ Change
			□Add
			□Remove
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			∏ Change

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	22:
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fil te: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	H a.m. on the earlier of: (b) The 90th day after t
ted $8/23/2023$	
ted 8/23/2023 Signature of a member or authorized repres	

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