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COVER LETTER

Division of Co			
	PERFETTI INTE	ERNATIONAL, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Antonio Perfetti	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	TS 5
	105	34 Sw West Lawn Blvd	ALL ME CRE F
		Address	12
	Port S	t Lucie, Florida 34987	22 PM
	prontoservice.wt@gmail.co	City/State and Zip Code m	STATE STATE
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Antonio Perfetti		786 399-6610 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

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 ORGANIZATION OF

PERFETTI INTERNATIONAL, I	LC	
(Name of the Lim	ted Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number	Liability Company were filed on $_{-}^{0}$	8/20/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company l	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Principal office address MUST BE A STRE	ET ADDRESS)	SEC G
		<u> </u>
Enter new mailing address, if applicable:		LED 22 H ARY OF ASSELL
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N 3 2
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the ne
Name of New Registered Agent:	LUZ M VARGAS	
New Registered Office Address:	10534 SW WEST LAWN BLVE	
		orida street address
	PORT ST LUCIE	, Florida
	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.

Henanging Registered Agent, Signature of New Registered Agent

<u> </u>	 10001,000		
-			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	ANTONIO PERFETTI	10534 SW WEST LAWN BLVD	
		PORT ST LUCIE, FL 34987	■ Remove
	•		☐ Change
CEO LUZ	LUZ M VARGAS	10534 SW WEST LAWN BLVD	■ Add
		PORT ST LUCIE, FL 34987	□ Remove
			Change
	·		SECOLET ARN BRemove
			Change
		····	25 □ Add
			□ Remove
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Effective date, if other than	the date of filings (onti	ional)
(If an effective date is listed, the dat	te must be specific and cannot be prior to date of filing or more than 90 days after	r filing.) Pursuant to 605.0207 (
	his block does not meet the applicable statutory filing requirements, this	s date will not be listed as t
document's effective date on t	the Department of State's records.	
		SISI
the record specifies a dela) The 90th day after the	ayed effective date, but not an effective time, at 12:01	a.mon the earlier of
) The Soulday after the	record is filed.	
October 14	2015	ARY SSE
Dated		TIQ IT
	World	
		<u> </u>
	// Signature of a member or authorized representative of a member	26 DA
ANTONIO PERFE	etti	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00