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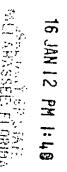
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COVER LETTER

Division of Corp	orations		
SUBJECT: Pey	Porma Pro	perties, LLC ted liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Performa 3340 NE	Name of Person	<u>.</u>
	Aventura Jagodo E-maj address: (1)	Address FL 33/80 City/State and Zip Code Ou Dey Forma Dra be used for future annual report notificat	perties. (om
For further information con	ncerning this matter, please ca	II:	
Jose Lui Name of	2 Godoy Person	at (<u>914</u>) 315 - 0 (Area Code) Daytime Te) 65 Elephone 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)

MAILING ADDRESS:

TO:

Registration Section '

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pertorma Proper	fier LLC.	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 15000153964	vere filed on <u>09/09/201</u>	5_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 JAN 12
B. If amending the registered agent and/or registered office address here:		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
- 4	City	Zip Code
None Desistant Amentle Cimpature if shancing Desistant Ament.		

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

Title **Address** Name **Type of Action** Jose A. Paulucci AMBR Miami ☐ Change □ Add □ Remove ☐ Change □ Add **∰** ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ocument's effective date on the Department of State's records.	ote: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will n	ot be listed
	ocument's effective date on the Department of State's records.		
		ctive time, at 12:01 a.m. on th	ne earlier
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the goth day after the record is filed.			
The 90th day after the record is filed.			
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Filing Fee: \$25.00