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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Der Perspectives, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shirley Pattan Name of Person
Dpen Perspectives, LLC Firm/Company
4720 Salsbury Road
Jacksonville, FL 32256 City/State and Zip Code
Spattan a poen per spectives. net
For further information concerning this matter, please call:
Shirley Pattan at (904) 625-0037 Nam) of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 102 Florida document number 1.15000181148	6 15 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 new name must be distinguishable and contain the words "Limited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	spectives, LLC
(Principal office address MUST BE A STREET ADDRESS) 4720 Sacks	Salisbury Koad Opville, FL 32266
Enter new mailing address, if applicable:	erspectives, LLC
(Mailing address MAY BE A POST OFFICE BOX) 4720 Jack	Salisbury Koad sonville, FL 32256
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the new
Name of New Registered Agent: Shirley Pod	tan
New Registered Office Address: (New) 4720 Salis Enter Florida stre	bury Road
<u>Jacksonville</u>	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my disaccept the obligations of my position as registered agent as provided for in Chapte being filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	ity. I further agree to comply with the ities, and I am familiar with and er 605, F.S. Or, if this document is

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP (a) 11 ==	Shirley Pattan ized Person)	4720 Salisbury Road	X Add
(Author	rized terson)	4720 Salisbury Road Jacksonville, FL 3225	Do □ Remove
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		·	☐ Remove
			Change
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r re	tive date, if other than the date of filing:	
(If an e	ffective 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 605.0	207 (3)(
docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	das the
		٠.
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.on thenearlier e 90th day after the record is filed.	r of:
Dated	,	
	Signature of a member or authorized representative of a member	
	Shirley Potton	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00