

L16000009847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

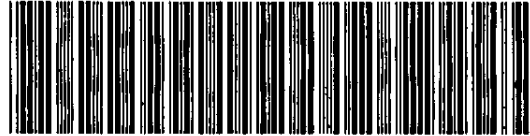
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

send Amendment form

Office Use Only



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2016 JUL -7 P 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUL 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

JOHN LAGALANTE
853 VANDERBILT BEACH ROAD #206
NAPLES, FL 34108

SUBJECT: PEARL CERTIFIED LLC
Ref. Number: L16000009847

We have received your document for PEARL CERTIFIED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00011584

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEARL CERTIFIED, 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:

John La Galante
Name of Person

PEARL CERTIFIED, LLC
Firm/Company

853 VANDERBILT BEACH RD #206
Address

NAYLES FL 34108
City/State and Zip Code

JOHN9100965@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy La Galante at (239) 910 0965
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pearl Certified, LLC
(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 11/14/2016 and assigned Florida document number L16000009847.

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 "Ltd."

Enter new principal offices address, if applicable:

(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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------|--|
| CEO | John La Galante | 853 Vanderbilt Beach Rd | <input type="checkbox"/> Add |
| | | # 206 | <input type="checkbox"/> Remove |
| | | Naples, FL 34108 | <input checked="" type="checkbox"/> Change |
| VP | Amy LaGalante | 853 Vanderbilt Beach Rd | <input type="checkbox"/> Add |
| | | # 206 | <input type="checkbox"/> Remove |
| | | Naples, FL 34108 | <input checked="" type="checkbox"/> Change |
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2018 JUL 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/08, 2016.


Signature of a member or

Signature of a member or authorized representative of a member

JOHN LA BALANTE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA