

L16000047870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

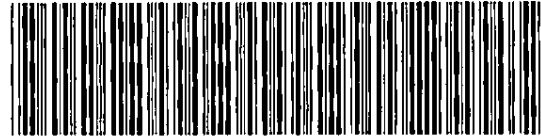
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J. HORNE

JUN - 2 2022

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2022 JUN - 2 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

PERENCAL, LLC.

SUBJECT: _____
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:

SOLITA CHOCRON

Name of Person

ROUSSEAU GROUP, INC

Firm/Company

4737 NORTH OCEAN DRIVE 306

Address

FORT LAUDERDALE, FLORIDA 33308

City/State and Zip Code

info@rousseaugroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOLITA CHOCRON

954 491-1800

Name of Person

at (_____) _____
Area Code

Daytime 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

PERENCAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 JUN -2 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/09/2016 and assigned
Florida document number L16000047870.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

2419 EAST COMMERCIAL BOULEVARD, STE 103

FORT LAUDERDALE, FLORIDA 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4737 NORTH OCEAN DRIVE 306

FORT LAUDERDALE, FLORIDA 33308

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:

SOLITA CHOCRON

New Registered Office Address:

4737 NORTH OCEAN DRIVE 306

Enter Florida street address

FORT LAUDERDALE

, Florida

33308

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>
MGR	MIGUEL V. PEREZ RENDILES	2419 EAST COMMERCIAL BOULEVARD,STE.103	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA MARIA ALVAREZ VERA	2419 EAST COMMERCIAL BOULEVARD,STE.103	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL HERNANDEZ	1900 GLADES ROAD STE 441	<input type="checkbox"/> Add
		BOCA RATON, FLORIDA 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Any designation of Power of Attorney(s) or Proxy on behalf of PERENCAL, LLC., issued prior to the date of filing

this amendment is VOID; not having any legal effects from the date of filing.-----

DATE OF FILING

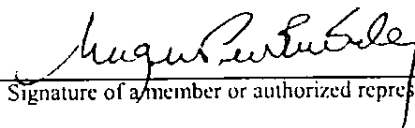
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 02, 2022.



Signature of a member or authorized representative of a member

MIGUEL VICENTE PEREZ RENDILES

Typed or printed name of signer