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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (888)501-2390

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CORPORATIONS@DCSMIAMI.COM

28

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRUPO PEREYRE, LLC

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE		EREYRA LLC	•	-56 <sup>3</sup>		
GODJE	C1	Name of Lim	ited Liability Company		<del></del>	
		Amendment and fee(s) are sub	-			
		PAULA RAMIREZ				
		<del></del>	Name of Person			
		DEALER CONSULTING	SERVICES INC.			
			Firm/Con:pany	1 W		
		7537 NW 7TH AVE				
			Address	i.	25	201
		MIAMI, FL 33150			1711 224 245	2018
			City/State and Zip C	ode		26
		CORPORATIONS@DCSM	MAMI.COM to be used for future and	. r. w	ئىن ئىزا	
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ror turt	ner information co	oncerning this matter, please c	au;			<b>1</b> N
PAULA	RAMIREZ		305 at (	758-9001	T	. co
Name of		f Person	Area Code	Daytime '	Telephone Number	•
Enclose	d is a check for th	ne following amount:				
\$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	y is molosed)	Certified (	of Status &
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	Regis Divis	ETT/COURIE stration Section sion of Corporat on Building		

2661 Executive Center Circle Tallahersee, FL 32301

From: Sandra Perez

Fax: (888) 501-2390

To: 8508176383@rcfax.con Fax: (850) 817-8383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO PEREYRA LLC						
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now app iability Compar	реаг <b>s оп с</b> iy)	ur records.	)		_
	CA	•				
The Articles of Organization for this Limited Liability Company	were filed on	98/10/2	016		and	l assigned
Florida document number L16000149603						
This amendment is submitted to amend the following:	É					
A. If amending name, enter the new name of the limited liabi	lity company	<u>here</u> :				
	Ž.,					
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," t	he designa	tion "LLC"	or the a	bbreviation	n "L.L.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
Treation office and easificat DE HATTLEET ADDITION						<del></del>
						<del></del>
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				1.	<u>احتا</u>	
	<u> </u>			-	<u></u>	great Marie
	1		<del></del> -		H. H.	tages, st
B. If amending the registered agent and/or registered of	fice addiress	on our	records.	énter	رير دtheکnai	
registered agent and/or the new registered office address here	iliko ladi	(1)		[m-<	٥	- Williams
	100			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D	1 2 1
					څ	Burni
Name of New Registered Agent:				\$ 47. 19.4 \$ 40. 00.00	- را - رازش	
New Registered Office Address:				で3 55 <b>う</b> 25	8	
New Registered Office Address.	Enter Florida street uddress					············
	6		, Flor	ida		
	Cityony		, 1 101	131a —	Zin C	ode

## 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

Page 1 of 3

From:	Sandra	Perez

H18000130971 3
n: Sandra Perez Fax: (888) 501-2590 To: 8508176383@rclax.com/Fax: (856/517-8383 Page 7 of 8 04/25/2018 5:20 PM

If amending Authorized Person(s) authorized to manage, enter the file, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GUZMAN, ANDRES A	80 BAHMAN & VE	
		OPA LOCKA, FL 33054	Remove
			☐ Change
MGR	HIDALGO GOMEZ, ENILDA B	6220 W 21 CT	Add
	•	HIALEAH, FL 33016	Remove
		<u>जीतकी हुनी । त्युका । अंक</u>	□ Change
MGR	NINA MONTAN, JOSE R	6220 W 21 CT	Add
		HIALEAH, FL 33016	Remove
		<u> </u>	Change
			Add
			Remove
			Add Remove
		9 (1967). 10 (1967). 1969 197	☐ Change .i.: 5
		·	□ Add
			Remove
		*	☐ Change

ending any other info	ormation, enter change	e(s) here: (Attach	additional shee	ts, if necessary.)		
ve date, if other that	n the date of filling:	t be prior to date of fili	ng or more than 90	(optional)	suant to 605.0207 (3)	(b) E
It the date inserted in the	his block does not meet the the Department of State's	e applicable strattor	ry filing requiren	tents his date will	not be listed as the	
						13
ord specifies a del 90th day after the	ayed effective date; record is filed	but not an effec	tive time, at	12 61 a.m. on	the earlier of:	
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EZAUL ROSARIO	) PEREYRA					
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