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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	Perez-Gross	sman, LLC		
SOMMET.		Name of Limi	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jennifer Perez		
			Name of Person	
			Firm/Company	
		3225 Aviation Avenue, Su	ite 700	
			Address	p Code annual report notification) 273-4641 de Daytime Telephone Number g Fee & \$60.00 Filing Fee. opy Certificate of Status &
		Miami, FL 33133		
			City/State and Zip Code	
		jennperez@femwell.com E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca		
Jennifer Pere	ez		305 273-4641	
-	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 P	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Jability Company)	
were filed on 08/16/16	and assigned
ility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
1235 SW 87th Ave	-
Miami, FL 33174	3 VIO
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ffice address on our records, <u>s</u> e:	enter the name of the nev
Enter Florida street address	
, Florie	da Zip Code
	ility company here: ity Company." the designation "LLC" of 1235 SW 87th Ave Miami, FL 33174 Enter Florida street address , 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. 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>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 60:	5.020
te: If the date inserted in this block does not meet the applicable statutory fument's effective date on the Department of State's records.	ning requirements, this date will not be list	ied as
record specifies a delayed effective date, but not an effectiv	e time, at 12:01 a.m. on the earli	ier o
he 90th day after the record is filed.		
A set so and		
ed August 8 . 2018.		

Page 3 of 3

Filing Fee: \$25.00