

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRIGETTE PEREZ, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
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D. SCOTT

JAN 1 8 2017

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Help

## **COVER LETTER**

TO: Registration S Division of Co				
BRIGET SUBJECT:	TE PEREZ, LLC			
30B3EC1:	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Cheyenne Moseley			
		Name of Person		
Firm/Company				
	th Floor			
		Address		
	Glendale, CA 91203			
	Brigitteperez@live.com	City/State and Zip Code		
	to be used for future annual report notification)			
For further information of	concerning this matter, please or			
Cheyenne Moseley		800 773-0888 ext. 9724		
Name	of Person	Area Code Daytime Telephone Number		
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Foc	Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIGETTE PEREZ, 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 Florida document number 1.16000212704	Company were filed on 11/21/2016 and assigned			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	mited liability company here:			
Brigitte Perez, LLC				
The new name must be distinguishable and end with 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 AD)	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	4.			
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:	gistered office address on our records, enter the name of the new			
New Registered Office Address:				
	Enter Florida street address			
· · · · · · · · · · · · · · · · · · ·	, Florida 39 2			
	City Zip Code			
New Registered Agent's Signature, if changing Register	red Agent:			
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability be.			

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager AMBR = Authorized Member				
Title	Name	Address	Type of Action	
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D.	If ans	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	-		Sup Prd.
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	-		
Е.	Effect (The effect)	tive date, if other than the date of filing:  octive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after to this document is filed by the Piorida Department of State)	
	Dated	12/19/20/10	
		Signature of a member or authorized representative of a member	
		Brigitte Perez	
		Typed or printed name of signee	

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Filing Fee: \$25.00

