# 116000222775

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## **COVER LETTER**

	Registration Se Division of Cor				
annina		BUILDING USA LLC			
SUBJEC	1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		YOLY SABILLON			
			Name of Person		
		LA FLORIDA SERVICES	SLLC		
		•	Firm/Company	···	
	11356 S ORANGE BLOSSOM TRAIL				
			Address		
		ORLANDO, FLORIDA 3	2837		
			City/State and Zip Code	, , , , , , , , , , , , , , , , , , , ,	
		info@lafloridaservices.com	to be used for future annual report		جع.
For further	er information co	oncerning this matter, please co	·	nonneacion	는 1년 한대 기위 2년
YOLY S	ABILLON		407 723-1333 at ()	3	27
	Name of	f Person		time Telephone Number	٠. لب
Enclosed	is a check for th	ue following amount:			- <i>1</i>
\$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &

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

PERFECT BUILDING USA LLC		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabili Florida document number 1.16000222775	ty Company were filed on 12/08/2016	and assigned
This amendment is submitted to amend the following	g:	
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 "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	~
B. If amending the registered agent and/or r registered agent and/or the new registered office :		er the name of the
registered agent analyse the new registered office	address here.	> [
Name of New Registered Agent:		<u>_</u>
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>	Type of Action
AMBR	DOS SANTOS, DIEGO SR	1300 EASTERN PECAN PLACE	
		UNIT 204	■ Remove
		WINTER GARDEN, FL 34787	☐ Change
			□ Remove
			☐ Change
			Remove
			☐ Change
			□ Add
			Remove 1
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Tective date, if other than the date of filing:			(opt	ional)	. : J
an effective date is listed, the date must be specific and cannot be ote: If the date inserted in this block does not meet the a scument's effective date on the Department of State's rec	applicable s	tatutory filing	requirements, th	is date will no	it be listed a
record specifies a delayed effective date, bu The 90th day after the record is filed.	ıt not an	effective tir	ne, at 12:01	a.m. on the	e earlier (
ited JUNE 06TH. 2018					
Signature of a member or	r authorized	representative o	l a member		

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Filing Fee: \$25.00