117000003721

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COVER LETTER

	ation Section of Corporations
SUBJECT:	Perennia Builders LLC Name of Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Joshua Ney Name of Person
	Perennial Builders LLC
	1144 NE Hansen Terrace
	Jensen Beach, FL 34957 City/State and Zip Code Perennial builders @gmail. com H-mail address: (to be used for future annual report notification)
	nation concerning this matter, please call:
	Name of Person at 173 214-5947- Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
\$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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 A	AMENDMENT	* •
TO)	-11
ARTICLES OF O	RGANIZATION	201-
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	ı	-1 <9 PM -
PERENDAL BUIL (Name of the Limited Liability Company (A Florida document number <u>L1700003721</u>)	DERS LLC ivas it now appears on our record iability Company) were filed on	2017 SEP 29 PM 2: 26 (7 and assigned
This are the second and the second a		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
AMARING MARIES MAT DE ATOM OFFICE DOAL		
B. If amending the registered agent and/or registered of	fice address on our record	s, enter the name of the nev
registered agent and/or the new registered office address here	.	

B <u>r</u>

Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

Civ

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Zip Code

* 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>	Address	Type of Action
MGR	Joshua Ney	1144 NE Hansen Terrace Jensen Beach, FL 34957	XAdd
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ran eri <u>Sote:</u>	If the date is in		ock does not m	cannot be prio leet the applic	r to date of filing cable statutory	or more than 90	days after min) g.) Pursuant to 605 will not be liste	
		ies a delayed after the rec		ate, but no	ot an effecti	ve time, at	12:01 a.m.	on the earlie	er of:
Dated ,	SEPTI	EMBER	26.	207	·				
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee