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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT:	Pernilla E	LINSOON LUC	
50D31.C1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pernil	Name of Person	
		Name of Person	
	Pernil	10 Einsbohr LLC FirmyCompany	,
		Firm√Company	
	25873 Pe	Whiletreek Dr.	
		Noblecycek Dr.	
	Bonita Si	ormas FL 34135)
		City/State and Zip Code	
	239 mov	City/State and Zip Code es a gmail. Com o be used for firture annual report noti	<u> </u>
	E-mail address: (t	o be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Pernilla	Crottean	a 239 , 888	6626
Name o	of Person	at (239) 888 Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
汉 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mulling Adding		Canada Adda a	
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of T	Fallahassee

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Pernilla Einsb (Name of the Limited Liability Compa (A Florida Limited I.			22 MAY -6 A	9 = 1 D
The Articles of Organization for this Limited Liability Company Florida document number 1170001(0005).	were filed on <u>f</u>	Feb 1, 2017	AFT	
This amendment is submitted to amend the following:			<i>ye</i>	
A. If amending name, enter the new name of the limited liabil Permilla Crotteau The new name must be distinguishable and contain the words "Limited Liabil	u, LLC		obreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	25873 Bonita	Pebbecree & Springs, FL	2 Or. 34135	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25873 Bonita	Pebblecreek Spangs, FL	0r. 341 8 5	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our i	records, enter the nam	e of the new registe	red
Name of New Registered Agent:		· 	<u> </u>	
New Registered Office Address:	Enter Flo	orida street address		
	City	Florida	Zip Code	

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

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

.. 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
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-			Signature of a	member or	r authorized	representat	ive of a m	ember		388 7447

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