

L17060059227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

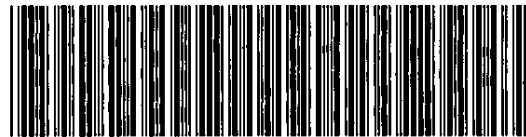
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 MAY -1 AM 9:43

O SIMMONS

MAY 03 2017



Periwinklers LLC
201 E. Center St. Unit B
Tarpon Springs, FL 34689

Octavia Simmons
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee
FL 32314

Ref Periwinklers LLC LI7000059227

Dear Octavia,

Please find enclosed a reworked form. Please accept my apologies.

Regards

Matthew Searle

RECEIVED

2017 MAY -1 PM 12:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERIWINKLERS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOIS SNYDER
Name of Person

PERIWINKLERS LLC
Firm/Company

201 E. CENTER ST. UNIT B
Address

TARPON SPRINGS 34689
City/State and Zip Code

Lois@periwinklers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOIS SNYDER at (727) 410 0263
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

PERWINNERS 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 Company were filed on 03/14/2017 and assigned
Florida document number L17000059227.

This amendment is submitted to amend the following:

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 "LLC."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Type of Action</u>
AMBR	MATTHEW SEARLE	1241 HOLIDAY DRIVE	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS	<input type="checkbox"/> Remove
		FL 34689	<input type="checkbox"/> Change
AMBR	SHAWN SPILDE	7680 92 nd St. Unit 208F	<input checked="" type="checkbox"/> Add
		SEMINOLE	<input type="checkbox"/> Remove
		FL 33777	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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11

17 MAY - AM 9:43

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated April 13th, 2017


Signature of a member or authorized representative of a member

LOIS SNYDER
Typed or printed name of signee