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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	PERES & F	PERES SERVICES LLC		
		Name of Lim	nited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		WELSLEY DOS SANTOS	PERES	
	Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: WELSLEY DOS SANTOS PERES Name of Person PERES & PERES SERVICES LLC Firm/Company 4648 GRAND CYPRESS CIR N Address COCONUT CREEK, FL - 33073 City/State and Zip Code INFO@TARGETMULTISERVICES.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: RNANDA SOUSA 1054 Name of Person Area Code Daytime Telephone Number closed is a check for the following amount:			
		PERES & PERES SERVIC	CES LLC	
PERES & PERES SERVICES 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: WELSLEY DOS SANTOS PERES Name of Person PERES & PERES SERVICES LLC Firm/Company 4648 GRAND CYPRESS CIR N Address COCONUT CREEK, FL - 33073 City/State and Zip Code INFO@TARGETMULTISERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FERNANDA SOUSA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (certificate of Status) Certified Copy (certificate Copy)				
		4648 GRAND CYPRESS (CIR N	
			Address	
		COCONUT CREEK, FL - 3	33073	
		INFO@TARGETMULTISER	City/State and Zip Code RVICES.COM	
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	iformation co	ncerning this matter, please ca	all:	
FERNANDA	A SOUSA			
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

2315 DC+ 17 MIII: 24

. .

PERES & PERES SERVICES LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C		
Florida document number L17000091076	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin		
Enter new principal offices address, if applicable:	4648 Gr	and Cypress Cir N
(Principal office address MUST BE A STREET ADDI	ressi Coconut	Creek , FL - 33073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our lress here:	records, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet address
		, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARQUES, GIOVANI B	3440 W HILLSBORO BLVD, 205 COCONUT CREEK, FL 33073	
			■ Remove
			☐ Change
			Add
			☐ Remove
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			Add
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f an ef	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	SEPTEMBER, 24 2019
zaicu	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00