

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEROBA LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

2017 MAY 10 PM 4:54

ALLAHASSIE, FLORIDA

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17 MAY 10 AM 2:07

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Corporate Filing Menu

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MAY 11 2017

SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Peroba 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:

Irma Serna

Name of Person

Aslan Tax Services Inc

Firm/Company

762 SW 18 Ave

Address

Miami, FL 33135

City/State and Zip Code

irma@aslantaxservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irma Serna

305 644-9144
at ()

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

Peroba 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 April 25, 2017 and assigned
Florida document number L17000091944

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 "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)

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: Aslan Affiliates LLC

New Registered Office Address: 762 SW 18 AVE

Enter Florida street address

Miami

City

Florida 33135

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>
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7 MAY 10 AM 2017
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered Agent signature of Antonio De Castro Figueiredo is incorrect

Correct Registered Agent signature is Consuelo Sanchez

Registered Agent name is correct

17 MAY 10 AM 4:08
ALL HANDED FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated May 09, 2017

x _____
Signature of a member or authorized representative of a member

Antonio De Castro Figueiredo

Typed or printed name of signer