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WY OR PRIS

COVER LETTER

.TO:

Registration Section

Division of Corp	oorations		
SUBJECT: PC0	Name of Lim	Perfies LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
•	.	•	
	William	Pollach	
		Name of Person	
		Firm/Company	
	—		
		Hernational 1	
	Orland	O, FL 3 Z8 City/State and Zip Code Orl of Larve to be used for future annual report notif	19
	will be	art of Arive	caps_
For further information co	ncerning this matter, please ca	-	ication)
1			10010
Willam Name of	Person	at (<u>561</u>) 613 Area Code Daytime	- 18 9
		, included the state of the sta	
Enclosed is a check for the	e 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)
Registra	NG ADDRESS: tion Section to of Corporations	STREET/COURT Registration Section Division of Corpora	n
P.O. Bo	x 6327	Clifton Building	
Tallahas	ssee, FL 32314	2661 Executive Cel	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ipany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number \(\begin{align*} \ln \ln \ln \document \documen	
The new name must be distinguishable and contain the words "Limited Lis Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "L.C." or the abbreviation "L.L.C." 7200 Infernational Drive Orgando, FL 32819
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7200 International Drive Orlando, FL 32819
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have	office address on our records, enter the name of the nevere:
Name of New Registered Agent: New Registered Office Address: 72	Thach 20 International Orive Enter Florida street address
00	Gnd O Florida 328 9

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 Age

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

Name **Type of Action** Micah Bass 6703 Mott Avenue DAdd Of Gn/0, FL 32810 XRemove Change hry Thach 7200 International Organd (land), FL 32819 ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Comove. _□ Ghange ☐ Change

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Filing Fee: \$25.00