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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY AUG - 7 2017

COVER LETTER

Division of Corporations
SUBJECT: Cas.501a Perez, PLLC 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:
Jorge A. Perez.
Cassola Perez, PLLC
2033 Calais Drive, #9
Miam, Beach, FL 33/4/ City/State and Zip Code
DIGE A PETEZ 24 C 9MQ1 COM (E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JORGE A POREZ 305, 337-047/0
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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Cassala	Perez PIIC	rs on our records.) PM (A) (A) (A) (A) (A) (A) (A) (A
(Name of the Lin	mited Liability Company as it now appea (A Florida Limited Liability Company)	IT LICE COLD OF THE SEE FIOR
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	$\frac{5/19/2017}{2}$ and assigned
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	, PLLC	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the c	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STRI	EET ADDRESS)	
		;
Enter new mailing address, if applicable:		<u>; </u>
(Mailing address MAY BE A POST OFFIC	E BOX)	· · · · · · · · · · · · · · · · · · ·
	··-	
B. If amending the registered agent an registered agent and/or the new registered		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		1
New Registered Office Address:		
	Enter Flor	rida street address
		Florida
	City	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

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fective date, if other	r than the date of f	iling:		(optiona	al)
n effective date is listed,	the date must be specifi d in this block does i	c and cannot be prior to not meet the applicab	date of filing or more that le statutory filing requ	n 90 days after fili irements, this da	ng.) Pursuant to 605.020 ate will not be listed a
record specifies a The 90th day afte	a delayed effection of the record is file	ve date, but not ed.	an effective time,	at 12:01 a.m	n, on the earlier (
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	Signature	of a member or authori	zed representative of a m	ember	<u>.</u>

Page 3 of 3

Filing Fee: \$25.00