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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |   |
|--|--|---|---|
| SUBJECT:                                 | Penkins Manager<br>Name of Amite             | Nearly Group LL ed Liability Company                                | <u></u>   |
| The enclosed Articles of a               | Amendment and fee(s) are subm                | nitted for filing.  |   |
| Please return all correspon              | ndence concerning this matter to             | the following:  |   |
|  | larry S                                      | Perkins<br>Name of Person   |   |
|  | Peding Mu                                    | nycment Circup LL<br>Firm/Company                                   | <u> </u>  |
|  | 2653   | Fuver Stam Drive  | <del></del>   |
|  |  | 71. 37303<br>City/State and Zip Code                                |   |
|  | E-mail address: (to                          | PA:NG GMail COM<br>o be used for future annual report notifi        | cation)   |
| For further information c                | oncerning this matter, please ca             | II:   |   |
| Larry S. /2<br>Name o                    | Person                                       | at ( <u>\$\$\$0</u> ) <u>\$70</u><br>Area Code Daytime              | Telephone Number  |
| Enclosed is a check for the              | he following amount:                         |   |   |
| <b>太</b> \$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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Perkins Manageme  | v Company as it now oppears on Limited Liability Company) | our records.)            |                   |
|---|---|--------------------------|-------------------|
| The Articles of Organization for this Limited Liability Co  |   | 8/2017                   | and assigned      |
| This amendment is submitted to amend the following:   |   |                          |                   |
| A. If amending name, enter the new name of the limi   | ted liability company here:                               |                          |                   |
| The new name must be distinguishable and contain the words "Limi  | ited Liability Company," the design                       | nation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                          |                   |
| (Principal office address MUST BE A STREET ADDR   | ESS)  |                          | r-)               |
| 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 address here: | d office address on our reco                              | rds, enter the name      |                   |
| Name of New Registered Agent:   |   |                          |                   |
| New Registered Office Address:  | Enter Florida   |                          |                   |
|   | Cirv  | , Florida                | Zip Code          |
|   | 2117  |                          | · F. ————         |

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 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> | Name          | Address                 | Type of Action |
|--------------|---------------|-------------------------|----------------|
| AMBR         | LARRY Grines  | 9564 Lake Athenson      |                |
|              |               | Tall. 7/ 32310          | □Remove        |
|              |               | *****                   | DChange        |
| AMBR         | Prichard Aure | 3167 Hutterstied Circle | EAdd           |
|              |               | 7ull, 7/2. 32303        | □Remove        |
|              |               |                         | □Change        |
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| ective date, if of  | her than the date of filing:ed, the date must be specific and canno | u be prior to date of filing o | (optional)<br>r more than 90 days after filing ) Pur | suant to 605 0207 (  |
| te: If the date ins | erted in this block does not meet th                                | ne applicable statutory fi     | ling requirements, this date will                    | not be listed as the |
| aument's effective  | date on the Department of State's                                   | records.                       |  |                      |
|                     |   |                                |  |                      |
|                     | elayed effective date, but not an eff                               | fective time, at 12:01 a.i     | m, on the earlier of: (b) The 90                     | th day after the     |
| is filed.           |   |                                |  |                      |
|                     | r, , 201  |                                |  |                      |
| ted                 | 7/2021  | 7 /                            |  |                      |
|                     | 1/1 47/1  |                                |  |                      |
|                     |   |                                |  |                      |
|                     | Signature of a member   | er or authorized representa    | tive of a member                                     | <del></del>          |

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