4800034344

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(21), 211112_p, 1011111,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100313680861

05/25/18--01007--011 **25.00

18 MAY 25 PM 2: 03

N COOPER MAY 2 9 2018

COVER LETTER

TO: Registration Security Division of Corp			
SUBJECT: Per	pet Union E Name of Lim	STO UP L.L.C. ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Melissa</u>	Rodrigue 2 Name of Person	
	Perbect	Union Group Firm/Company	
	7713 HC	OSIER PIQUE Address	
	_ Oliand	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Melissa Re	Person	at (<u>400</u>) <u>419</u> Area Code Daytime	7875 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

Per lect Union Companied Limited Limit	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 1800003434</u> 4	y were filed on 2.07.2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liaf	oility 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)	HAY NECESTAL
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<b>2</b> CO X X X X X X X X X X X X X X X X X X
Enter new mailing address, if applicable:	PORAL PROPERTY OF THE PROPERTY
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent: 400	Irys Acebai Pena
New Registered Office Address:	3 40 OSier Place  Enter Florida street address
DUC	Florida 1 32807 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>	Address	Type of Action
)wner	Upderkys Acebar fer	ng 7713 Hoosier Pl Druando 326	<b>07 №</b> Add
		· 	Remove
			□ Change
<u>46r</u>	Melissa Rodriguez	778 HOSSEIPI DELONDO	<b>7</b> <b>□</b> Add
			Remove
			Change
			□ Remove
		<del></del>	Change
	·		□ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

	•						
_			. <u>.</u>				
_						<u> </u>	
_			<del></del>	<del></del>			<u> </u>
_							
_						<del></del>	
_							
_		-					
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>				MA:
_							25
_						-	
							— <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>
							<i>;</i>
_			1				
ote:	re date, if other the ctive date is listed, the of f the date inserted in mat's effective date of	this block does r	ic and cannot be pri not meet the appl	or to date of filing licable statutory	2018 or more than 90 day filing requiremen	(optional) rs after filing.) Purs ts, this date will i	uant to 605.0 101 be listec
	ord specifies a d 90th day after th			not an effectiv	ve time, at 12	:01 a.m. on t	ne earliei
	May 27	2	2019	<u>&amp;</u> .			
ated _	1	(_) ~.	Λ / )				

Page 3 of 3

Filing Fee: \$25.00