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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF AMID: 4.,

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Perotte's Enterprises Name of Limited Liability Company
	The second secon
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Myles Perotle
	Name of Fermin
	PEROHE'S ENHAPRISES Firm/Company
	2033 66th Ale South.
	St. Petersburg F-L, 33712 City/State and Zip Code
	Myles Perotle Name of Person Perotle's Enterprises Firm/Company 3053 66th Aue South. Address St. Petersburg F-L, 33712 City/State and Zip Code Phita mpabay a mail. Com E-mail address: (to be used for filture annual report notification)
For fur	ther information concerning this matter, please call:
M	Name of Person at (787) 412-2882 Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
S \$25	5.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status \& Certified Copy (additional copy is enclosed) 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

Peralte's Enterp	pribes LLC
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L1800046337</u> .	were filed on $\frac{21218018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
nter new mailing 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 registered agent and/or the new registered office address here:	ice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	SSE /B
	Enter Florida street address Florida
	City Stip Gode
How Donistand Agentle Cignotius, if shougher Designal &	

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>	Name	<u>Address</u>	Type of Action
AR	Kamiel Taylor	13500 Rodgers Ave	🗆 Add
		Largo FL, 33771	X Remove
			Change
			Add
			□ Remove
			Change
			Add
		-	Remove
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******			🗅 Add
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Filing Fee: \$25.00