118000046337

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: PeroHe's Exterprises. LLC 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:
Myles Perotte Name of Person
Perotte's Enterprises LLC Pirm/Company
2033 66th Arc South &. Address
St. Refer Starg FL 33712 City/State and Zip Code Phitamputay agnail. com: E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Gregotte at 727 432-0900 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Perot	e's Enterprises. LLC
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	iability Company were filed on <u>L18000046337</u> and assigned
Florida document number	- 02/0 02/21/2018
This amendment is submitted to amend the follo	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	TADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) 32
B. If amending the registered agent and registered agent and/or the new registered o	
Name of New Registered Agent:	David G PeroHe, 2033 GG X AVE S. Enter Florida street address
New Registered Office Address:	2033 GG AVG S. Enter Florida street address
	STPBF2, Florida 337/2 City Zip Code
	Discharged Apparts

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
BLA	Myles Perotle	2033 (6th Are S	□ ∧dd
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			Change

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n effective <u>te:</u> If the	tate, if other than the date of filing:	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie h day after the record is filed.	er o
ed	1/25/2019 Jan 25 2014.	
-	Signature of a member or authorized representative of a member	
	Myles G. Pero+le	

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Filing Fee: \$25.00