

1180000 59539

(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:

Office Use Only



900312687759

04/30/18--01016--030 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 30 PM 3:25

N COOPER

MAY 01 2018

THE LAW OFFICES OF  
**SHEFTALE & ASSOCIATES**

**SCOTT D. SHEFTALL**  
BOARD CERTIFIED CIVIL TRIAL LAWYER  
[sheftall@sheftalllaw.com](mailto:sheftall@sheftalllaw.com)  
Direct Dial: (904) 647-2296

**JOHN T. SEFTON**  
OF COUNSEL  
[sefton@sheftalllaw.com](mailto:sefton@sheftalllaw.com)  
Direct Dial: (904) 647-2297

April 25, 2018

*via U.S. Mail*  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Amendment to Articles of Organization of Pergar, LLC (Florida Document  
No. L18000059539)**

Dear Sir or Madam:

Enclosed you will find Articles of Amendment to the Articles of Organization of Pergar, LLC (Florida Document No. L18000059539). I have also enclosed Check No. **1258** in the amount of **\$25.00** representing payment in full of all applicable filing fees.

Should you need anything further, please do not hesitate to contact me at (904) 638-3995 or [ADragoo@sheftallLaw.com](mailto:ADragoo@sheftallLaw.com).

Best regards,



Austin J. Dragoo

Enclosure(s)



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pergar, 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:

Austin J. Dragoo

\_\_\_\_\_  
Name of Person

Sheftall & Associates, P.A.

\_\_\_\_\_  
Firm/Company

1 Independent Drive, Suite 3201

\_\_\_\_\_  
Address

Jacksonville, FL 32202

\_\_\_\_\_  
City/State and Zip Code

eperezemail@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin J. Dragoo

904 638-3995  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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,  
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  
OF**

Pergar, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/06/2018 and assigned  
Florida document number L18000059539.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

304 Indian Trace

#880

Weston, FL 33326

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

304 Indian Trace

#880

Weston, FL 33326

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 30 PM 3:36

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

304 Indian Trace, #880

*Enter Florida street address*

Weston

, Florida 33326

*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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ernesto Perez	304 Indian Trace	<input type="checkbox"/> Add
		#880	<input type="checkbox"/> Remove
		Weston, FL 33326	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 30 PM 3:36

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 25, 2018

Signature of a member or authorized representative of a member

Austin J. Dragoo, Authorized Representative

Typed or printed name of signee