Fax: (813) 445-7084

Fax (850) 817-8383 Division of Corporations

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To:

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Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 : (813)932-5244 Phone : (813)932-3782 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## PERKO CONSTRUCTION LLC

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To:

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## **COVER LETTER**

(((H180002519623)))

TO: Registration Section Division of Corporations SUBJECT: PERKO CONSTRUCTION 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: SANDY BONET Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 13795 N NEBRASKA AVE Address TAMPA, FL 33613 City/State and Zip Code @activatemylicense.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>813</u>) <u>932-5244 EXT 102</u> Daytime Telephone Number SANDY BONET Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

Fax: (813) 445-7084

Fax: (850) 617-8383

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(((H18000251962 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERKO CONSTRUCTION LLC		
(Name of the Limited Liabilit (A Fiorida	y Company as It now appears on our re Timited Liability Company)	<u>cords.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>7/19/2018</u>	and assigned
Florida document number <u>L18000174371</u>	<u>_</u> .	
This amendment is submitted to amend the following:		- 18 B
A. If amending name, enter the new name of the limi	ted liability company here:	FILE 71L
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> ESS)</u> ——————	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office added		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente: Florida str <b>ve</b> t ac	Idress
		, Florida
	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

Page 1 of 3

rom	Sandy	Bonet	

If amending the Managers or Authorized Member on our records, enter the fitle, name, and address of each Manager or Authorized Member on our records:

MGR = Ma $AMBR = Au$	mager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KOBERG, KARL D	501 FLORIDA CENTRAL PWY LONGWOOD, FL 32752	#521262 □ Add ——■ Remove
			Add Remove
			A Remove
			□ Add □ Remove

	<del></del>	<del></del>	
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the date this document is filed by the Ho Dated AUGUST 27	ot be prior to date of receipt or filed date and ida Department of State)  2018	and cannot be more than 90 days after	

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