

L1900000 1855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

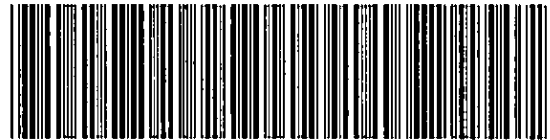
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600337424166

12/06/19--01010--006 \*\*25.00

12/11/19  
10:51 AM  
STATE  
DIVISION OF CORPORATIONS  
19 DEC -6 PM 3:43

JAN 13 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEARL AVE LLC.  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 DEC -6 PM 3:43

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Perlas Betz

Name of Person

Firm/Company

2529 Rustic Oak Lane

Address

Ocoee, FL 34761

City/State and Zip Code

monicafterlas@gmail.com

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

For further information concerning this matter, please call:

Monica Perlas Betz

Name of Person

at (407)

Area Code

446-8086

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PEARL AVE. LLC

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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
19 DEC -6 PM 3:43

The Articles of Organization for this Limited Liability Company were filed on Dec. 28, 2018 and assigned  
Florida document number L19000001855.

This amendment is submitted to amend the following:

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

N/A

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)

2821 Bigleaf Maple Drive  
Ocoee, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2821 Bigleaf Maple Drive  
Ocoee, FL 34761

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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.

N/A

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>
<u>AP</u>	<u>Monica Perlas Betz</u>	<u>2529 Rustic Oak Lane</u>	<input type="checkbox"/> Add
		<u>Ocoee, FL 34761</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Patricia Cabellon Miller</u>	<u>2529 Rustic Oak Lane</u>	<input type="checkbox"/> Add
		<u>Ocoee, FL 34761</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Monica Perlas Betz</u>	<u>2821 Bigleaf Maple Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Ocoee, FL 34761</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Patricia Cabellon Miller</u>	<u>2821 Bigleaf Maple Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Ocoee, FL 34761</u>	<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

[illegible]

(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)

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 21 / 11 / 2024

Signature of a member or authorized representative of a member

Monica Perlas Betz

Typed or printed name of signee