

L190000 20827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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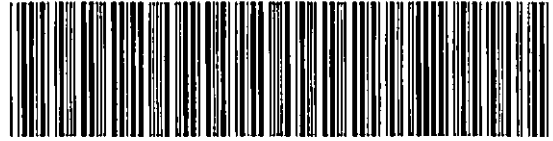
(Business Entity Name)

(Document Number)

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2019 MAR 11 P 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 02 2019

T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Perla's Properties, 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:

Perla C. Whitaker

Name of Person

Firm/Company

9227 63 RD CT E

Address

PARRISH, FL. 34219

City/State and Zip Code

perla.rents@gmail.com

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

For further information concerning this matter, please call:

Perla C. Whitaker

941 812-7216
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**

FILED

Perla's Properties, LLC

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

2018 JUN 11 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-18-2019 and assigned
Florida document number SS-4 (CP 575 G)

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)

7333 N. Tamiami Trail

Suite A

Sarasota, FL 34243

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

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

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	Edward G Whitaker	9227 63 rd Ct E	<input type="checkbox"/> Add
		Parrish, FL 34219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edward G Whitaker	9227 63 rd Ct E	<input checked="" type="checkbox"/> Add
		Parrish, FL 34219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Perle C Whitaker	9227 63 rd Ct E	<input type="checkbox"/> Add
		Parrish, FL 34219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

Please add Employer Identification Number: 83-3205992

[illegible]

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 March 8th 2019

Perla C. Whitaker

Signature of a member or authorized representative of a member

Perla C. Whitaker

Typed or printed name of signee