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Amend

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COVER LETTER

TO:	Registration Se Division of Cor			
eron r	Perla's Pr	operties, LLC		
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Edward G. Whitaker		
		Perta's Properties, LLC	Name of Person	
		7333 N. Tamiami Trail Suite A	Firm/Company	
		Sarasota, Fl. 34243	Address	
		edrents1@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please o	all:	
Edwa	rd G. Whitaker		941 812-7215	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
= \$2	5.00 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)

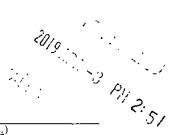
MAILING ADDRESS:

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



Perla's Properties, LLC

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

Florida document number L19000020827	•	were med on	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liah	oility company he	<u>:re</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	7333 N. Tamia	mi Trail
(Principal office address MUST BE A STREE	ET ADDRESS)	Suite A	
		Sarasota, Fl. 34243	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	/or registered o		our records, enter the name of the new
Name of New Registered Agent:	Edward G. W	hitaker	
New Registered Office Address:	7333 N. Tami	ami Trail, Suite A	
		Enter Flor	ida street address
	Sarasota		Florida 34243
		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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
			Add
			□ Remove
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ffecti	edate, if other than the date of filing:
an elle ote:	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	t's effective date on the Department of State's records.
	of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ine	Oth day after the record is filed.
	$A = \frac{7}{2}$
ated _	April 5 19. 2019. Showed & whatah
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00