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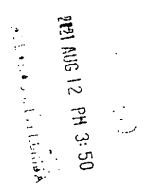
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

PEREZ HO	OME IMPROVEMENTS LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SALVADOR PEREZ		
		Name of Person	
	PEREZ HOME IMPROVI	EMENTS LLC	
		Firm/Company	
	4751 20th PL SW Apt A		
		Address	
	Naples FL 34116		
		City/State and Zip Code	
	perczhomein@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Salvador Perez		239 465-7848	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEREZ HOME IMPROVEMENTS 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 04/05/2019 ___ and assigned Florida document number ____L19000095404 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) 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

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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e: If the date inserted in ument's effective date or	this block does no	ot meet the appli	cable statutory			
rord specifies a delayed of filed.	effective date, but	not an effective	time, at 12:01 a	.m. on the earlier	of: (b) The	90th day after th
July 26		2021				

Typed or printed name of signee