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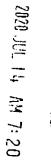


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COVER LETTER

TO:

	SLLC		
SUBJECT:	Name of Lim	ited Liability Company	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID ARON		
		Name of Person	
		Firm/Company	
	20028 BACK NINE DR		
		Address	
	BOCA RATON - FL - 33	498	
	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: DAVID ARON		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
DAVID ARON			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ation
_		-	
P.O. Box 632	2.7	The Centre of T	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERDIZES 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 05/22/2019 Florida document number 19000137706 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 "LLC." 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: Tamara D Selener Name of New Registered Agent: 20028 Back Nine dr New Registered Office Address: Enter Florida street address , Florida 33498
Zip Code Boca Raton

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 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>	Address	Type of Action
MGR	TAMARA DINA SELENER	20028 BACK NINE DR- FL - BOCA RATON	= Add
		33498	Remove
			🗆 Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mus	date of filing:	Y 8th 2020		(optional)	
an effective date is listed, the date mus lote: If the date inserted in this bl	t be specific and cannot? ook does not meet the	be prior to date of applicable stat	f filing or more than utory filing requi	90 days after filing.) Pe ements, this date wi	arsuant to 605,029 Il not be listed :
ocument's effective date on the D	epartment of State's r	ecords.			
record specifies a delayed effectiv	e date. hut not an effe	ctive time at 1	7:01 am on the a	arlier of: (b) The 0	Oth day after th
l is filed.	z care, our not an ene	ours unic, at 1.	z.vi a,iii, on the t	arner or. (0) Tric 9	our day after th
8th JULY	2020	1			
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Filing Fee: \$25.00