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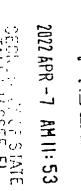
(Requestor's Name)
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(Document Number)
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CT 4/23/2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Red Door Homes and I	Rentals, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Shaquitta Perks		
		Name of Person	
	Perks Property Inve	estments	
		Firm/Company	
	21650 Amelia Rose	· Wav	
		Address	
	Land O Lakes, FL 3	34637	
	<u> </u>	City/State and Zip Code	··-
	perkspropertyinvestr		
For further information	E-mail address: (on concerning this matter, please c	to be used for future annual report noti	lication)
To fade moman	m concerning this matter, prease co		
Shaquitta Perks	·	at (813) 760-3106	
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check to	or the following amount:		
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Address: Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 6	•	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RED DOOR HOMES & RENTALS, LLC 2022 A

2022 APR -7 AM 11:53

(A Florida Limited)	Liability Company)	SEUR: TALL	LAHASSEE, FI
The Articles of Organization for this Limited Liability Company	were filed on	08/20/2019	and assigned
Florida document number L19000212102			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
Perks Property Investments, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	21650 Ame	ia Rose Way La	ind O' Lakes, FL 346
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 39	98 Land O Lakes	s, FL 34639
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	ecords, <u>enter the na</u>	ame of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Fater Flor	ida street address	
	LINEI TION		
	City	, Florida	Zio Code
	City		24 Cour

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>	Address	Type of Action
			□Add
			□Remove
			□Change
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ll an et <u>Note:</u>	ive date, if other than the date of filing: April 1, 2022 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
e recor ord is fi	rd 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Shaquitta Perks
	Typed or printed name of signee