Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I20040000167 Phone : (305)377-0809

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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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
MGR	RUBEN LAMOTHE	2620 SW 27TH AVE	
		3RD FLOOR	■ Retnove
		MIAMI, FL 33133	□ Change
MGR	ANGELA D. KIRTON	2620 SW 27TH AVE	
		3RD FLOOR	□ Remove
		MIAMI, FL 33133	□ Change
MGR	LAURENT S. LAMOTHE	2620 SW 27TH AVE	Add
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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 mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	re than 90 days after filing) Pursuant to 605	.0207 (3 \(\)b) ed as the
he record specifies a delayed effective date, but not an effective til The 90th day after the record is filed.	me, at 12:01 a.m. on the earlie	er of:
Dated JANUARY 18 2023		
Signature of a member or authorized representative of	of a member	

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Typed or printed name of signee

Filing Fee: \$25.00