1200001911261

(Requestor's Name)	
(Address)	0003
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/29,
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(Document Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	PERTY INVESTMENTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BALLÖLLI, ERALDA		
		Name of Person	
		Firm/Company	
	17912 CUNNINGHAM C	Address	
	LAND O LAKES, FL 340		
	alexballolli@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
BALLOLLI, ERALDA		727 744-9847	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
¥ \$25.00 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12071 LKOLEK LA IRAESTMENT		
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>1.20000191261</u>	ability Company were filed on 07/06/2020	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of		2020 (
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or t	
Enter new principal offices address, if applica	able:	LED 29 PM
(Principal office address MUST BE A STREE	T ADDRESS)	7 0
		<u> </u>
		. 21
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the</u> ess here:	name of the new regi
Name of New Registered Agent:		······································
New Registered Office Address:	Enter Florida street address	
	Florid:	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person occur or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ENADA MAJEWSKI	6213 CRESTDALE PL	■Add
		RIVERVIEW FL 33578	⊡Remove
			□Change
AMBR	ERIDA BALLOLLI	9729 BAY COLONY DR	■Add
		RIVERVIEW FL 33578	2020 OCT 129 PI
			Shape
AMBR	ARTUR MIHAJ	17912 CUNNINGHAM CT	
		LAND O LAKES, FL 34638	PHAdd PRemove
			□Change
		_	
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date in teg. If the date inserted in this nument's effective date on the	iust be specific an block does not .	id cannot be prior meet the applic	rable statutor	g or more than by filing require	(optiona 00 days after till ements, this da	ng.) Pursuant to 60
cord specifies a delayed effect s filed.	ive date, but no	n an effective t	ime, at 12:01	a.m. on the ca	arlier of: (b)	The 90th day atte
OCT 20TH		2020				
				≥		

1211 E CO ...

Typed or printed name of signee