Division of Corporations Electronic Filing Cover Sheet

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(((H200003001493)))



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To: Division of Corporations : (850)617-6383 Fax Number From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Number : I20060900135 : (305)789-3200 Phone : (305)789-4137 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PERLAMAR INVINCIBLE, LLC

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September 2, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

PERLAMAR INVINCIBLE, LLC 2100 HOLLYWOOD BLVD HOLLYWOOD, FL 33020

SUBJECT: PERLAMAR INVINCIBLE, LLC

REF: L20000255093

We received your electronically transmitted document. Bowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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FAX Aud. #: H20000300149 Darlene Connell

Regulatory Specialist II Supervisor Letter Number: 820A00016844

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			DERIAM	ed to correct a previously b AR INVINCIBLE, LLC	filed document			
<u>FIRST</u> :	The name	of the limited liability con	npany is:					
SECON THIRD:	: D	he Florida Document num ocument to be corrected is	Articles of Organi	bility company is:	0255093 ABLE STATEM	ENT		
A	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article I - Name is incorrect. Due to a scrivener's error, the name of the Company is misspelled, following is the							
	correction	correction. Article I - Name: the name of the Limited Liability Company is Perlamar Invinsible, LLC.						
	OR Was defe		er in which the docum	nent was defectively signed	T	iate correction are		
	OR The elect	ronic transmission of the t		Mn	8/28 Date	2020		
New Re I hereby provisio obligati reflect o	ing the des tegistered to by accept the ions of all s	registered agent, if application). Agent's Signature, if change appointment as register statutes relative to the projection.	able :(NOTE: if correcting Registered Agent and agree to per and complete per and as provided for in tress, I hereby confirm	ecting the registered agent, at: o act in this capacity. I furt formance of my duties, and Chapter 605, F.S. Or, if th m that the limited liability of	the new registere ther agree to com d I am familiar wi	ply with the th and accept the ting filed to merely		
		(Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional	i)			

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