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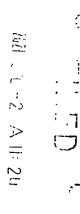
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COVER LETTER

SUBJECT: Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBIN STANKIEWICZ	
Name of Person	
THE LAW OFFICES OF SAM MAGUIRE, JR., P.C.	
Firm/Company	
6075 BARFIELD ROAD, SUITE 119	
Address	
SANDY SPRINGS, GEORGIA 30328	
City/State and Zip Code	, C
Robin@sammaguire.com	; :
E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call:	***
Robin Stankiewicz 257-0041	
Name of Person Area Code Daytime Telephone Number	
24	
Enclosed is a check for the following amount:	.=.
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERPETUAL ADVENTURES LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ry as it now appears on our records.) lability Company)	
he Articles of Organization for this Limited Liability Company valorida document number	were filed on November 16, 2020	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	breviation "L.L.C."
nter new principal offices address, if applicable:	2650 Old Wesley Place NW	
Principal office address MUST BE A STREET ADDRESS)	Atlanta, GA 30327	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	2650 Old Wesley Place NW Atlanta, GA 30327	
. If amending the registered agent and/or registered office accent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name	e of the new registo
Navy Pagistarud Office Address		2
New Registered Office Address:	Enter Florida street address	= 10
	, Florida	
	City	ZipFCode

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other than the date of filing: (optional)) =	مہ
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The state of the	e will n ot be lis	sted a s i
rd is filed.		
Dated July 1 2021		
1 71/		
Signature of a member or authorized representative of a member		