

Florida Department of State
Division of Corporations
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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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LLC AMND/RESTATE/CORRECT OR M/MG.

RESIGN

MAY -6 2021

DELUNA DOLCE LLC

M. SOLOMON

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May. 5. 2021 1:39PM

No. 4343 P. 2

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TALLAHASSEE, FLORIDA

May. 5. 2021 1:39PM

No. 4343 P. 3



May 5, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DELUNA DOLCE LLC
2401 WEST 72 STREET
1
HIALEAH, FL 33016

SUBJECT: DELUNA DOLCE LLC
REF: L21000057175

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

SUBMITTED A FLORIDA CORPORATION FORM INSTEAD OF A FLORIDA LLC FORM

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons

Regulatory Specialist II Supervisor

FAX Aud. #: H21000179441

Letter Number: 921A00009378

May. 5. 2021 1:39PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 4343 P. 4

DELUNA DOLCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2021 and assigned
Florida document number L21000057175

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PEARL CHARTERS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
WASHINGTON, D. C. 20520

E. Effective date, if other than the date of filing: 04/28/2021 (optional)
(If an effective date is listed, the date must be on or after the date of filing.)

(If 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.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not appear to be the date of filing, please indicate the date of filing in the space provided below.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/05, 2021

Signature of a member or authorized representative of a member

MARIA KIROVA

Typed or printed name of signee