

121 000272080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

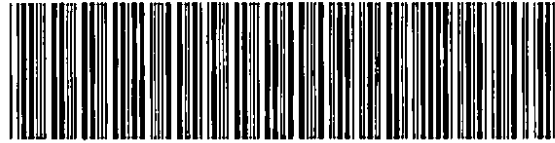
Special Instructions to Filing Officer:

Received

08/25/21

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08/26/21



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RECEIVED

2021 AUG 25 PM 2:33

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2021

TREVOR PERODIN
1201 ACORN CIR.
APOPKA, FL 32703

SUBJECT: TREV PERO DESIGNS, LLC
Ref. Number: L21000272080

We have received your document for TREV PERO DESIGNS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Summer Chatham
OPS

Letter Number: 121A00016534

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trev Pero Designs, LLC

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:

Trevor Perodin

Name of Person

Firm/Company

1201 Acorn Cir

Address

Apopka, FL 32703

City/State and Zip Code

tper1991@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevor Perodin

407

607-1006

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

Trev Pero Designs, 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 June 11, 2021 and assigned
Florida document number L21000272080.

This amendment is submitted to amend the following:

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

Trev Pero Designs 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)

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
_____, **Florida**
City *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

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

Title	Name	Address	Type of Action
Owner	Trevor O. Perodin	1201 Acorn Cir	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Trevor O Perodin	1201 Acorn Circle	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Trevor O Perodin	1201 Acorn Cir	<input checked="" type="checkbox"/> Add
		Apopka, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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.

Dated June 11 2021

James Perodin

Trevor Perodin

Typed or printed name of signee