L21000272080

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

Trev Perc SUBJECT:	Designs, LLC -		
	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Trevor Perodin		
		Name of Person	
		Firm/Company	
	1201 Acorn Cir		
	Apopka, FL 32703	Address	
	tper1991@gmail.com	City/State and Zip Code	
	•	to be used for future annual report notifi-	cation) -
or further information	concerning this matter, please of	alt:	:
'revor Perodin		407 607-1006 at ()	
Name	of Person	Area Code Daytime	Telephone Number
nclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Cenificate 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 Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

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 1,21000272080 This amendment is submitted to amend the following: 1. If amending name, enter the new name of the limited liability company here: Frey Pero Creative, LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Remove
			□Change
			□Remove
			□Change
			
			: □ Remove □ :
			□Change
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			□Remove
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			□Add
			□Remove
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			□Remove
			☐Change

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	C.
e date, if other than the date of filing: O-NURY 1, 20- tive date is listed, the date must be specific and caunot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing requir t's effective date on the Department of State's records.	90 days after filing.) Pursuant to 605,020
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
October 2023.	
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Designs, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	Trevor Perodin		
		Name of Person	
		Firm/Company	
	1201 Acom Cir		
	Apopka, FL 32703	Address	
	трорка, 1 Е 32703	City/State and Zip Code	 !.
	tper 1991@gmail.com	, ,	
	E-mail address:	(to be used for future annual report notific	cation)
For further information	concerning this matter, please of	call:	دن
Trevor Perodin		407 607-1006 at ()	
Name	of Person		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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corportion The Centre of Tall 2415 N. Monroe Strallahassee, FL 3	orations Ilahassee Street, Suite 810