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(Re	equestor's Name))
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2023 JUL 19 AM II: 54

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp		
SUBJECT: Per	cevals Tota	CI Services UC ited Liability Company
	Name of Lim	ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspon	ndence concerning this matter	to the following:
	9	
	Lant	Name of Person
		Name of Person
	Percevals	Total Services LLC Firm/Company
		Firm/Company
	1770 11-412	AND N.
	1720 1211	Au-e W. Address
	lake wor	th, FL 33460 City/State and Zip Code
	E-mail address: (1	o be used for future annual report notification)
For further information co	oncerning this matter, please ca	
Lanie N.	villatoro	at (ASY) 830 · 4874 Area Code Daytime Telephone Number
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
1		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailine Addusses		Street Address:
Mailing Address Registration S		Street Address: Registration Section
Division of Co	orporations	Division of Corporations
P.O. Box 6321	7	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ PERCEUAIS TOTAL			
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appe	ars on our records.)	
(A ciona l'inite	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on _	801302	DZ \ and assigned
Florida document number 121448FF (CON	finmation order	(
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company l	nere:	
		_ /	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the	designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2023
(Principal office address MUST BE A STREET ADDRESS)		<u>=</u>	
	/		
		انتر س س	Ϋ́O » Π
Enter new mailing address, if applicable:	\	<u>,</u>	E D
(Mailing address MAY BE A POST OFFICE BOXY			· 55
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our	records, enter the n	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Javens Perceval	1002 S C ST LAKE WOTH FL 33460	□ Add
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mecuv an effec	e date, ii other tive date is listed, i	than the date t the date must be spe	cific and cannot be p	prior to date of filing or me	ore than 90 days after i	nar) 5ling.) Pursuant to 605.020
				plicable statutory filing	g requirements, this	date will not be listed a
ocumei	it's effective dat	e on the Departm	ent of State's reco	orgs.		
record is file		ed effective date,	but not an effecti	ve time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
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		Signati	ure of a member or	authorized representative	of a member	.
			s as a monitor of t			
				orinted name of signee		

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Filing Fee: \$25.00