

12/17/2021 11:55 AM FAX 9548422936
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SORSHER & ASSOCIATES
Division of Corporations

21000458113

L 21000383861

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6383

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
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A. LUNT

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SORSHER & ASSOCIATES

0001/0008

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December 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PEARL FL LLC
5360 DESOTO RD
5304
SARASOTA, FL 34235

SUBJECT: PEARL FL LLC
REF: L21000383861

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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: E21000458113
Letter Number: 421A00030523

12/17/2021 11:55 AM FAX 8548422936

SORSHER & ASSOCIATES

00003/0008

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PEARL FL 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:

VILKE, ZANDA

Name of Person

PEARL FL LLC

Firm/Company

5360 DESOTO RD 5304

Address

SARASOTA, FL 34235

City/State and Zip Code

antonsavonov@gmail.com

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

For further information concerning this matter, please call:

VILKE, ZANDA

941

210-2954

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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SECRETARY OF CORPORATIONS
2021 DEC 17 AM 10:17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PEARL FL 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 08/27/2021 and assigned

Florida document number L21000383861

This amendment is submitted to amend the following:

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

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 695, 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

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 DIVISION OF CORPORATE
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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>	<u>Address</u>	<u>Type of Action</u>
MGR	VILKIS, AINARS	5360 DESOTO RD 5304	<input type="checkbox"/> Add
		SARASOTA, FL 34235	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VILKE, ZANDA	5360 DESOTO RD 5304	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34235	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 DEC 17 AM 10:17

E. Effective date, if other than the date of filing: _____ (optional)

(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 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 12/15 2021

Like

Signature of a member or authorized representative of a member

VILKE, ZANDA

Typed or printed name of signee