

L 21600478345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

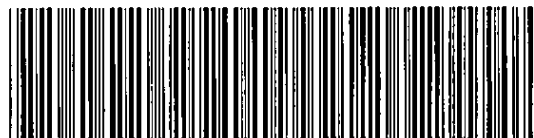
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. HORNE  
DEC 28 2021

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12/29/21--01023--016 \*\*90.00

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2021 DEC 28 PM 2:08 DEC 28 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
61

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Perkins Professional Realty 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:

Larry S. Perkins  
Name of Person

Perkins Professional Realty LLC  
Firm/Company

2653 Faver Street Drive  
Address

Tall. Fla. 32303  
City/State and Zip Code

sherril.perkins6@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marci Perkins at ( 484 ) 883-3945  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2021 DEC 28 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FL

Perkins Professional Printing 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 12/28/21 and assigned  
Florida document number 221000478345.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2653 Fever Shum Drive

Tall. Fl. 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Larry S. Perkins

New Registered Office Address:

2653 Fever Shum Drive Tall. Fl. 32303

Enter Florida street address

Tall

City

Florida

Fl 32303

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.

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


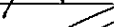
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Anthony Riker	<del>524</del> 524 Kissimmee St	<input type="checkbox"/> Add
		Tell. Fl. 32310	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrea Murney	1432 Balboa Dr	<input type="checkbox"/> Add
		Tell. Fl. 32305	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elliott Emanuel	802 Schwall Rd.	<input checked="" type="checkbox"/> Add
		Hanna Fl. 32333	<input type="checkbox"/> Remove
		7	<input type="checkbox"/> Change
AMBR	Dureka Bryant	74 Deanna Cir Ln	<input checked="" type="checkbox"/> Add
		Midway Fl. 32343	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated 12/28/21

13/20/21

Signature of a member

Larry S. Perkins  
Typed or printed name

Typed or printed name of signee

**Filing Fee: \$25.00**