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to:	<b>Registration Section</b>
	Division of Corporations

SUBJECT:

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:

ORIT BEN HANAN

PERRY NADLAN LLC

Firm/Company

Name of Person

4704 NW 65TH AVENUE

Address

LAUDERHILL FL. 33319

	City/State and Zip Code	TFC 172
ASITRISH@BELLSOUT	TH.NET	
E-mail address	s: (to be used for future annual report notification)	
For further information concerning this matter, please	e call:	
ORIT BEN HANAN	754 244 4699 at ()	
Name of Person	Area Code Daytime Telephone N	

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

#### PERRRY NADLAN 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  $\frac{02/11/2022}{2000092561}$  and assigned Florida document number  $\frac{1.22000092561}{2000092561}$ .

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) 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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

	, Flo	prida Zip Code
New Registered Office Address:	Enter Florida street address	,
Name of New Registered Agent:		

#### 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 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

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<u>Title</u>	Name	Address	<b>Type of Action</b>
MGRM	PERI BEN HANAN	4704 NW 65TH AVENUE	🗋 Add
		LAUDERHILL FL. 33319	Remove
		<u> </u>	□Change
MGR	ESTHER BENAYOUN	4706 NW 67TH AVENUE	🚍 Add
		LAUDERHILL FL. 33319	🗆 Remove
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ESTHER BENAYOUN (CHANGE: -0- UNITS TO 50 UNITS )	
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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.

AUGUST 11

2022

Signature of a member or authorized representative of a member

ORIT BEN HANAN

Typed or printed name of signee