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## **COVER LETTER**

	for Section of Corporations
Perso SUBJECT:	rva Capital, LLC
<u>-</u>	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Garrett DeOre
	Name of Person
	Perserva Capital, LLC
	Firm/Company
	225 1st Ave N, Unit 1710
	Address
	St. Petersburg, FL 33701
	City/State and Zip Code
	gdeore01@gmail.com  E-mail address: (to be used for future annual report notification)
For further informa	ition concerning this matter, please call:
Garrett DeOre	at ()
ì	at () Same of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
☐ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (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

Perserva Capital, LLC			<del> </del>
( <u>Name of the Limite</u> )	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 1.22000102120	bility Company	were filed on 02/28/2022	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
	-1-01 (min-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	No. Company "the designation "I I C" or	the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:		225 1st Ave N, Unit 1710	ing arrice matrix 15,15.6.
Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 33701	
	<del></del>		
			, j
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		225 1st Ave N. Unit 1710	25
		St. Petersburg, FL 33701	
		·	<u> </u>
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B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:			
New Registered Office Address:	225 1st Ave N.	. Unit 1710	
		Enter Florida street address	
	St. Petersburg		da <u>33701</u>
		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
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			□ Remove
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	Garrett DeOre	<del></del>	ted name of signee		<u> </u>
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Datec	1 11/14/24 Janus De Dre	. 2024	·		
record is f				n the earlier of: (b)	The 90th day after the
(If an el <u>Note:</u>	tive date, if other than the da flective date is listed, the date must be If the date inserted in this block nent's effective date on the Depa	specific and cannot be prior does not meet the applic	cable statutory filing	(option re than 90 days after fil requirements, this d	ling.) Pursuant to 605.0207 (3)
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Filing Fee: \$25.00