# Florida Department of State

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| and the same of th |           |

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007

Phone : (305)640-0281

Fax Number : (305)489-2902

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEREYRA HOME IMPROVEMENTS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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SEP - 9. 2022

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2022-09-07 22:34:09 GMT

13054892902

From: LAXMY CHACON

#### **COVER LETTER**

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| TO:       | Registration Se<br>Division of Cor  |  |  |   |  |  |  |
|-----------|---|--|--|---|--|--|--|
| CHD IE/   | PEREYRA   | HOME IMPROVEMENTS I                          | rrc  |   |  |  |  |
| SUBJEC    | SUBJECT:Name of Limited Liability Company   |  |  |   |  |  |  |
| The encl  | osed Articles of  | Amendment and fee(s) are sub                 | omitted for filing.  |   |  |  |  |
| Please re | eturn all correspo  | indence concerning this matter               | to the following:  |   |  |  |  |
|           |   | RICHARD J. PEREYRA                           | 4  |   |  |  |  |
|           |   |  | Name of Person   |   |  |  |  |
|           |   | PEREYRA HOME IMP                             | ROVEMENTS LLC  |   |  |  |  |
|           | Firm/Company  |  |  |   |  |  |  |
|           | 1465 PINE MARSH LOOP  |  |  |   |  |  |  |
| Address   |   |  |  |   |  |  |  |
|           | ST. CLOUD, FL 34771   |  |  |   |  |  |  |
|           |   |  | City/State and Zip Code  |   |  |  |  |
|           |   | E-mail address: (                            | to be used for future annual report noti   | fication)   |  |  |  |
| For furth | er information o  | oncerning this matter, please o              | all:   |   |  |  |  |
| LAXM      | IY CHACON   |  | 305 640-0281   |   |  |  |  |
|           | Name o  | l Person                                     | Area Code Daytim   | e Telephone Number  |  |  |  |
| Enclosed  | l is a check for th   | ne following amount:                         |  |   |  |  |  |
| 复 \$25.   | 00 Filing Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
|           | Mailing Addres<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                  | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | porations<br>Callahassee<br>e Street, Suite 810   |  |  |  |

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PEREYRA HOME IMPROVEMENTS LLC   |  |  |  |  |
|---|--|--|--|--|
| (Name of the Limited Liability Compan-<br>(A Florida Limited Lia  | y as it now appears on our records.)<br>ability Company)             | <del></del>                                    |  |  |
| The Articles of Organization for this Limited Liability Company were filed on 07/05/2022 and assigned florida document number 1.22000299724   |  |  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |  |
| A. If amending name, enter the new name of the limited liability  | ity company here:  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liability   | y Company," the designation "LLC" or th                              | e abbreviation "L.L.C."                        |  |  |
| Enter new principal offices address, if applicable:   |  | 202<br>SE                                      |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 28 S   |  |  |
|   |  | AND P =  |  |  |
|   |  | SS .   |  |  |
| Enter new mailing address, if applicable:   |  |  |  |  |
| (Muiling address MAY BE A POST OFFICE BOX)  |  | <u> </u>                                       |  |  |
|   |  | <u> </u>                                       |  |  |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:   | ldress on our records, <u>enter the n</u>                            | ame of the new registered                      |  |  |
| Name of New Registered Agent:   |  |  |  |  |
| N D   |  |  |  |  |
| New Registered Office Address:  | Enter Florida street address<br>, Florida                            |  |  |  |
|   |  |  |  |  |
| <del></del>   | City.  | Zip Code                                       |  |  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties, and La<br>ovided for in Chapter 605, F.S. ( | m familiar with and<br>Or, if this document is |  |  |

If Changing Registered Agent, Signature of New Registered Agent

To: DIVISION OF CORPORATION

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2022-09-07 22:34:09 GMT

13054892902

From: LAXMY CHACON

#### 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 |
|--------------|--------------------------|-----------------------|----------------|
| AMBR         | HEEILEN VARELA FERNANDEZ | 1465 PINE MARSH LOOP  | ≅Add           |
|              |                          | SAINT CLOUD, FL 34771 | □Remove        |
|              |                          |                       | □Change        |
|              |                          |                       | □Add           |
|              |                          |                       | □Remove        |
|              |                          |                       | DChange        |
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|              |                          |                       | ∐Remove        |
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|              |                          |                       | □Add           |
|              |                          |                       | □Remove        |
|              |                          |                       | ☐ Change       |

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From: LAXMY CHACON

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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.