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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERSPECTIVE PARTNERS LLC

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COVER LETTER

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Division of Cor			
		IVE PARTNERS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064	Charles and Forest	
	EFILE1234@INCFILE.CO		
For further information e	F-mail address: (concerning this matter, please or	to be used for future annual i aft:	eport notification)
LOVETTE DOBSON	t nest ting time that the		4623453
Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc.)	Certificate of Status &
Mailing Address Registration 9		<u>Street Ad</u> Registra	dress: ition Section
Division of C		=	of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PE	RSPECTIVE PARTNERS LLC			
(Name of the Limited Lie (A Flo	ability Company as it now appears on our orda Limited Liability Company)	records.)	_	
The Articles of Organization for this Limited Liability Florida document number L22000430107	ty Company were filed on 10/05/2022	2	an	d assigned
This amendment is submitted to amend the following	g:			
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	on "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX				
B. If amending the registered agent and/or registe	ered office address on our records.	enter the na	me of the	Snew regis
agent and/or the new registered office address her	<u>re</u> :		-	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of New Registered Agent:		,	-	-P C
New Registered Office Address:			· <u> </u>	3
	Enter Florida strees	t address	=	12
	City	, Florida _	Zip C	odu.
	(!!)		GID C	TRAC

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 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 i 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

Fax transmission job no. V2_1675741080_EF_135339_ALVC0Z82-1090633632 from 18779192613 was interrupted at 2/6/2023 21:40:29 CST after delivering 3 out of 5 pages. This fax is a continuation from page 4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alex DiMenua	PO Box 229	≔ Add
		Blauveh NY 10913	□Remove
			L Remove
			E Change
			CRemove
			Thange
			! Add
			. Remove
			Change
			∏∆dd
			C Remove
			L Change
			П Венюче

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Note:	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of if the date inserted in this block does not meet the applicable stal iment's effective date on the Department of State's records.	(optional) I filing or more than 90 days after filing.) Pursuant utory filing requirements, this date will not
recor d is fi	ord specifies a delayed effective date, but not an effective time, at 1 filed.	2:01 a.m. on the earlier of: (b) The 90th da
Dated		
	Signature of a member or authorized rep	Mcelhippey
	Dmarco Mcelhinn	
	Typed or printed name	<u></u>

Filing Fee: \$25.00