

# L23000062868

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

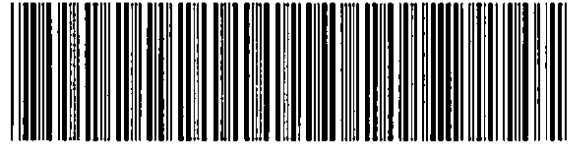
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**1. PERUCHOS TACTICAL LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
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**4.**  
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**5.**  
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(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>                 | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-----------------------------|------------------------|--|
| MGR          | Daniela Izquierdo Chiappini | 200 Knollwood Drive    | <input type="checkbox"/> Add               |
|              |                             | Key Biscayne, FL 33149 | <input type="checkbox"/> Remove            |
|              |                             |                        | <input checked="" type="checkbox"/> Change |
| MGR          | Pablo N. Xacur              | 200 Knollwood Drive    | <input type="checkbox"/> Add               |
|              |                             | Key Biscayne, FL 33149 | <input type="checkbox"/> Remove            |
|              |                             |                        | <input checked="" 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            |
|              |                             |                        | <input type="checkbox"/> Add               |
|              |                             |                        | <input type="checkbox"/> Remove            |
|              |                             |                        | <input type="checkbox"/> Change            |
|              |                             |                        | <input type="checkbox"/> Add               |
|              |                             |                        | <input type="checkbox"/> Remove            |
|              |                             |                        | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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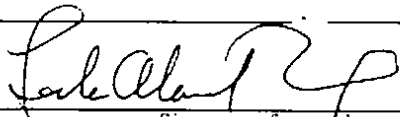
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

Dated September 5, 2023



Signature of a member or authorized representative of a member

Leslie Alan Rozenwaig, Member's Authorized Representative

Typed or printed name of signee