L23000083119

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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S. FRANKLIN MAY 1.2 2023



ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

Perdido Services LLC

1

(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 $\frac{02-15-2023}{1.23000083119}$ and assigned Florida document number $\frac{1.23000083119}{1.23000083119}$.

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 des	signation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	023
(Principal office address MUST BE A STREET ADDRESS)	A H
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	FI

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street c	uddress
	Cin	_, Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

. ,

<u>Title</u>	Name	Address	Type of Action
AMBR	Matthew Longstaff	16288 Sweet Carolyn Dr	🖹 Add
		Biloxi, MS 39532	□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
			🖸 Add
			Remove
			□ Change

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

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.

	March 15		2023
Dated .		 	

/s/ Matthew Parson

Signature of a member or authorized representative of a member

Matthew Parson

Typed or printed name of signee

Filing Fee: \$25.00