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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TO:	Registration Se Division of Cor			D	
	PERUYO	RK INVESTMENTS GROUP	LLC	•	
SUBJ.	ECT:				
		Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ondence concerning this matter	to the following:		
		Marco Durand			
			Name of Person		
			Firm/Company		
		2623 MC Daniel Dr.			
			Address		
Kissimmee FL, 34758					
		peruyork.investments@gm	City/State and Zip Code nail.com	 -	
		E-mail address: (to be used for future annual report not	dification)	
For fu	rther information c	oncerning this matter, please o	all:		
Магс	o Durand		718 578-7432		
		CD.	at ()		
	Name o	í Person	Area Code Daytin	ne Telephone Number	
Enclos	sed is a check for th	he following amount:			
≣ \$2	25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:	antin m	
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327		The Centre of	•		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 CCT 10 7: 29 PERUYORK INVESTMENTS GROUP LLC (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 _______ March 20th, 2023 and assigned Florida document number _____ L23000140558 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

_, Florida ___

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	Elizabeth Durand	2623 MC Daniel Dr. Kissimmee Fl. 34758	= Add
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ffective date, if other than the an effective date is listed, the date motote: If the date inserted in this becument's effective date on the I	lock does not m	neet the applica	o date of filing or ible statutory fili	more than 90 days ng requirements	optional) after filing.) Purs s, this date will	nuant to 605.020 not be listed a
record specifies a delayed effecti is filed.	ve date, but not	an effective tir	ne, at 12:01 a.m	on the earlier o	of: (b) The 90t	h day after the
October 6th,		2023	_			
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Typed or printed name of signee