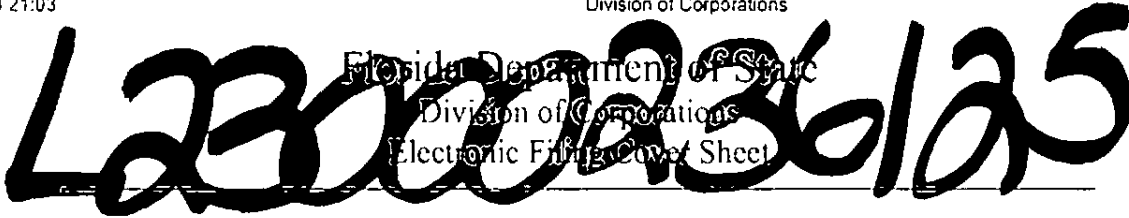


11.07.2024 21:03

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000235981 3)))



H240002359813ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GRAPE LAW FIRM PLLC
Account Number : 120240000064
Phone : (212)433-8383
Fax Number : (212)433-8484

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

Email Address: srdr481@hotmail.com

2024 JUL 11 PM 2:38

FILED

RECEIVED
2024 JUL 11 PM 4:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERLIOVIO LLC**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
Help
JUL 12 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H24000235981 3)))

PERLIOVIO 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 05/12/2023 and assigned
Florida document number L23000236125.

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 "L.L.C."

Enter new principal offices address, if applicable:

4800 N FEDERAL HWY SUITE B200

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

4800 N FEDERAL HWY SUITE B200

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33431

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:

SERDAR SINAN

New Registered Office Address:

4800 N FEDERAL HWY SUITE B200

Enter Florida street address

BOCA RATON

City

Florida

33431

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.

/S/ SERDAR SINAN

If Changing Registered Agent, Signature of New Registered Agent

((H24000235981 3)))

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>
AMBR	SERVET GULSUN SIRIN	10448 Milburn Ln	<input type="checkbox"/> Add
		Boca Raton, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SERDAR SINAN	4800 N FEDERAL HWY SUITE B200	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H24000235981 3)))

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

[illegible]

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 JULY 10, 2024

Signature of a member or authorized representative of a member

MUHAMMED UZUM, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

((H24000235981 3)))

Filing Fee: \$25.00