# L23000265396

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#### **COVER LETTER**

TO:	Registration Se Division of Co		•	*
	DOUGLAS	S PERNIA LLC		
SUBJI	ECT:			
		Name of Lin	nited Liability Company	·
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		DOUGLAS PERNIA DUÇ	QUE	
			Name of Person	
		DOUGLAS PERNIA, ELO	•	
			Firm/Company	
		4736 TRIBUTE TRI.		
			Address	<del></del>
		KISSIMMEE 34746		
		douglaspernia@gmail.com	City/State and Zip Code	
		U-mail address; (	to be used for future annual report not	itication)
For fur	ther information c	oncerning this matter, please c	all:	
DOUG	TAS PERNIA DI	IQUE	904 6663803	
Name of Person			at () Area Code Daytin	
	Name o	d Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for ()	he following amount:		
□ <b>s</b> 2.	5.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION FILED

DOUGLAS PERMA, LLC		2023 111112
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.23000265396		ORG PALLATAS SAFERE
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u> DOUGLAS PERNIA DUQUE, LLC	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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### Electronic Articles of Organization For Florida Limited Liability Company

L23000265396 FILED 8:00 AM May 31, 2023 Sec. Of State olsimmons

#### Article I

The name of the Limited Liability Company is: DOUGLAS PERNIA, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

4736 TRIBUTE TRAIL KISSIMMEE, FL. 34746

The mailing address of the Limited Liability Company is:

4736 TRIBUTE TRAIL KISSIMMEE, FL. 34746

#### Article III

The name and Florida street address of the registered agent is:

DOUGLAS PERNIA DUQUE 4736 TRIBUTE TRAIL KISSIMMEE, FL. 34746

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: DOUGLAS PERNIA DUQUE

Samuel Commence

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR DOUGLAS PERNIA DUQUE 4736 TRIBUTE TRAIL KISSIMMEE, FL. 34746 L23000265396 FILED 8:00 AM May 31, 2023 Sec. Of State olsimmons

#### Article V

The effective date for this Limited Liability Company shall be:

05-23-2023

Signature of member or an authorized representative

Electronic Signature: DOUGLAS PERNIA DUQUE

Lam the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.