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05/13/24 -01033--013 **25.00

Me

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERARDA W. PERSAD
Name of Person
PERSAD & PERSAD ADVISORS LLC
Firm/Company
297 MINOLA DR
Address
MIAMI SPRINGS, FL. 33166
City/State and Zip Code
persadbooks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S. PERSAD	502	608-2820
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 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

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>
AMBR	OMAR E. SURAJ PERSAD	297 MINOLA DR, MIAMI SPRINGS, FL. 33166	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSELYN F. SURAJ PERSAD	297 MINOLA DR, MIAMI SPRINGS, FL. 33166	<input checked="" 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
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			<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.)*

LLC MEMBERSHIP INTEREST:

GERARDA W. PERSAD - 80%

OMAR E. SURAJ PERSAD - 10%

JOHN S. PERSAD - 5%

JOSELYN F. SURAJ PERSAD - 5%

E. Effective date, if other than the date of filing: 05/03/2024 **(optional)**

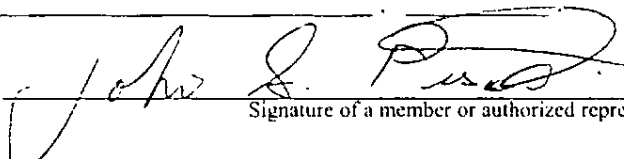
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 05/03/2024

11:00 A. M.



Signature of a member or authorized representative of a member

JOHN S. PERSAD

Typed or printed name of signee

Filing Fee: \$25.00