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## **COVER LETTER**

Division of Corporations		
SUBJECT: KALIYN Delisser L Name of Limited	d Liability Company	
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
- Harry	Name of Person	
- Maery	Delisser LLC Firm/Company	
_5613 NIW		
<u>Coral</u> Sq	Orings Frondo 330 City/State and Zip Code	2021, MPR 22 PH 2: 56
E-mail address: (to b	Sser (9 ama) Compe used for future annual report notification)	- 17 N
For further information concerning this matter, please call:	O	PH 2:
Wieigh Delisser Name of Person	at (954) 994-71 Area Code Daytime Telepho	45
Enclosed is a check for the following amount:		
<b>√</b>	☐ \$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	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 123000413638. This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The Pearly Great LLC The new name must be distinguishable and opntain the words "Limited Liabi	
he new name must be distinguishable and opniain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	三
	22
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	100 P
Maining undress MAT BE A TOST OFFICE BOX	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
ion Danistared Agent's Signature if changing Degistered Agents	

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 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>	Name	Address	Type of Action
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			□Change
			□Add
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