Division of Corporations



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(((H24000022948 3)))



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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERRY WORLD CONSULTING LLC

Certificate of Status	0
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T. LEMIEUX Help JAN 19 2024 TO:

### COVER LETTER

(((H24000022948 3)))

Registration Section Division of Corporations SUBJECT: PERRY WORLD CONSULTING LLC 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 #220 Address HOUSTON TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM F-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION OF

(((H24000022948 3)))

# PERRY WORLD CONSULTING LLC

Name of the Limited Liability Company as it now appears on our records.

The Articles of Organization for this Limited Liability Co	amany ware filed on	12/15/2023	and assigned
Florida document number L23000553366			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit ELXR HEALTH CARE LL	.C		
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:	ted Liability Company." the de	esignation "LLC" or the al	obreviation "L.L.C."
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our re	ecords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida sirvet address	PH D
	Cuy	, Florida	PH IZ ON THE PH IZ
New Registered Agent's Signature, if changing Registered	Agent:		" (A <b>00</b>
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of ent as provided for in C	my duties, and I am Thapter 605, F.S. Or	familiar with and . if this document is
	If Changing Registered Ag	ent, Signature of New Re	egistered Agent

1/18/2024.14·42:47 CST Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000022948 3)))

MCK =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
****			□Add
			□Remove
			[]Change
			□Add
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Filing Fee: \$25.00