

L24000233297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

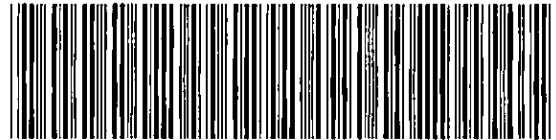
(Business Entity Name)

(Document Number)

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10/29/24--0100E--096 \*\*25.00

LLC Amend

FILED  
2024 OCT 29 PM 12 31  
CLERK OF STATE  
SOUTH CAROLINA

A. RAMSEY  
Nov 19 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pereira Electric Services 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:

Felix J. Rivera  
Name of Person

Central Tax Services Inc.  
Firm/Company

1912 W. Oak St.  
Address

Kissimmee, FL 34741  
City/State and Zip Code

info@centraltaxservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felix J. Rivera 407 483-9399  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

2024 OCT 29 PM 12 31

Pereira Electric Services 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 05/20/2024 and assigned  
Florida document number 124000233297

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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.*

**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>
MGR	Rosmel Pereira	10238 Falcon Parc Blvd	<input type="checkbox"/> Add
		Apt. 108	<input type="checkbox"/> Remove
		Orlando FL, 32832	<input checked="" type="checkbox"/> Change
MGR	Efrain Cotto	10200 Falcon Moss Ln	<input checked="" type="checkbox"/> Add
		Apt. 302	<input type="checkbox"/> Remove
		Orlando, FL 32832	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. What is the main purpose of the study?  
 2. What are the research objectives?  
 3. What is the significance of the study?  
 4. What is the scope of the study?  
 5. What are the limitations of the study?  
 6. What is the methodology used in the study?  
 7. What are the results of the study?  
 8. What are the conclusions of the study?  
 9. What are the implications of the study?  
 10. What are the future research directions?

(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)

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 10-22 \_\_\_\_\_, 2024 .

 Signature of a member

Signature of a member or authorized representative of a member

Rosmel Pereira

Typed or printed name of signee