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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
SUBJECT: Perl Law, L	LC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Brigette Perl					
		Name of Person		-		
	Perl Law, LLC					
		Firm/Company		-		
	3910 Alabama Ave NE					
	<u></u>	Address			- •	
				7 8	3	
	St. Petersburg, FL 33703			- 5 7	2024 JUH -5	.11
		City/State and Zip Code			三	.11
	brigette@perllawpllc.com			•	Ś	ŧ
	E-mail address: (to be used for future annual report notifi-	cation)	(*)		1
For further information c	oncerning this matter, please co	all:			MIII: 45	
D: D. I					դ	
Brigette Perl	f Person	at (239) 207-1109	T-1			
Name	i recson	Area Code Daytime	Telephone Number	T		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sect Division of Corp	orations			
1 .O. DUX 032	· t	The Centre of Ta	manassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perl Law, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000233326</u>	were filed on 5/20/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Perl Law, PLLC (has to be PLLC because it is a law firm)		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "J.L.C."
Enter new principal offices address, if applicable:	n/a	24
(Principal office address MUST BE A STREET ADDRESS)		1
		5 F
Enter new mailing address, if applicable:	n/a	
(Mailing address MAY BE A POST OFFICE BOX)		= 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, ent	ter the name of the new registered
	Enter Florida street add	iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties,	, and I am familiar with and

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Deborah Perl	3910 Alabama Ave NE	DAdd
		St. Petersburg, FL 33703	≘Remove
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			DAdd
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If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requires	(optional) Odays after filing.) Pursuant to ments, this date will not be	505.0207 (3 listed as th
document's effective date on the Department of State's records. My Company provided ugal Service	ls el	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear rd is filed.		fter the
Dated July 22 2024		

Filing Fee: \$25.00