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COVER LETTER

TO: Registration Se Division of Cou			
SUBJECT: Pe	ermalymph LL (Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patricia Ma	a(tine2 Name of Person	
	Permalymp	N LLC Firm/Company	
	320 Shady	Hollow Blvd W	<u> </u>
	Naples, FL	34120 City/State and Zip Code	
	Naples a por E-mail oddress: (1	malymph Om to be used for further annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Patricia M Name o	OKT NEZ FPerson	at (239) 785 Area Code Daytime	- 5791 Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company	iy)
The Articles of Organization for this Limited Liability Company were filed on	6/12/24 and assigned
Florida document number <u> </u>	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u> here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	32
	
. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: Name of New Registered Agent:	r records, enter the name of the new regi
N 7 1 1000 111	
New Registered Office Address:	
	Florida street address

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

Title	Name	Address	Type of Action
AMBR - Dwner	Patricia Martinez	320 Snady Hollow Blud W Maples, FL 34120	ŒAdd
		Mades, FL 34120	□Remove
			🗆 Change
M <u>6R</u>	Christopher Martinez	320 Shady Hollow Blud W. Naples, FL 34120	BAdd
		Naples, FL 34120	🗆 Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
I couldn't open a business account because I was	
not listed as part or publicarized serson Please Keps	
Chief the Marie of authorized person: recest reep	
Mostoffer Mainrez as authorized person and add	
I couldn't open a business account because I was not listed as part of authorized person. Please keep Christoffer Martinez as authorized person and add myself as an authorized person "Patricia Martinez"	
If you could please expidite this request, I would really appreciate it. Have a great day!	
Best regards,	
Patricia.	
E. Effective date, if other than the date of filing: (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)(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.	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 June 24th, 2024.	
Signature of a member or authorized representative of a member	
Patricia Martinez	
Typed or printed name of signee	

Filing Fee: \$25.00