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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

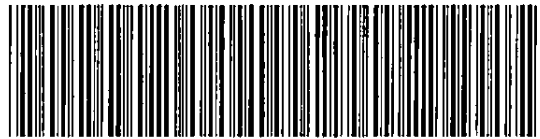
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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24 AUG 30 AM 5:32
STATE OF FLORIDA
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Permalymph 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:

Patricia Martinez
Name of Person

Permalymph LLC
Firm/Company

320 Shady Hollow Blvd W.
Address

Naples, FL 34120
City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia Martinez at (239) 785-5791
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Permalymph LLC

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>
AMBR Owner	Patricia Martinez	320 Shady Hollow Blvd W	<input checked="" type="checkbox"/> Add
		Naples, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Martinez	320 Shady Hollow Blvd W	<input checked="" type="checkbox"/> Add
		Naples, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 of authorized person. Please keep Christopher Martinez as authorized person and add myself as an authorized person "Patricia Martinez"

If you could please expedite this request, I would really appreciate it. Have a great day!

Best regards,
Patricia

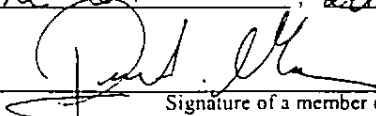
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 signer