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Ch 10/24/2024

COVER LETTER

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	Registration Se Division of Cor				
eite mer	_	FAMILY LLC			
SÜBJECT:					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	ım all correspo	ndence concerning this matter	to the following:		
		MOISES PEREZ			
			Name of Person		
		PEREZ FAMILY LLC			
			Firm/Company		
		1221 NE 9TH ST			
			Address		
		CAPE CORAL, FL 33909			
			City/State and Zip Code		
		MOISESP1979.MP@GMA			
		,	to be used for future annual report not	ification)	
For further	r information c	oncerning this matter, please co	all:		
MOISES	PEREZ	:	575 266-3786		
	Name o	f Person		ne Telephone Number	
linclosed i	s a check for th	ne following amount:			
署 \$25,0	0 Filing Fee	S30.00 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		Street Address: Registration Se	ection		
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassec, FL 32314			Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEREZ FAMILY LLC

2024 0 17 - 7 | F11 5: 34

(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 __09/11/2024 and assigned Florida document number <u>L24000397569</u> 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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	MOISES PEREZ	1221 NE 9TH ST	 = Add
		CAPE CORAL, FL 33909	□Remove
			□Change
			□Add
			[Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			Change
			□Add
			Remove
			□Change
		~	□Add
			□Remove
			□Change

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(If an effecti Note: If	e date, if other than the date of filing: [10/04/2024] (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
the record s cord is filed	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
Dated	OCTOBER 04 2024
	\mathcal{L}
	Agnature of a member or authorized representative of a member
	MOISES PEREZ
	Typed or printed name of signee