

121 000353873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/21--01029--029 **30.00

SECRETARY OF STATE
TAX DIVISION

2021 OCT -4 AM 8:56

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -4 PM 1:56

September 22, 2021

MUSTAFA TURK
1104 PINE AVE
FORT PIERCE, FL 34982

SUBJECT: PERFECT PICTURE PAINTING, LLC
Ref. Number: L21000353873

We have received your document for PERFECT PICTURE PAINTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Is the word suppose to be ferfect or perfect?.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 621A00022851

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAME CHANGE

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:

MUSTAFA TURK

Name of Person

PERFECT PICTURE PAINTING, LCC

Firm/Company

1104 PINE AVE

Address

FORT PIERCE, FL 34982

City/State and Zip Code

MTURK2001@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUSTAFA TURK

772 519-0147

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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>
AP	GREGORY LUCAS	5108 SANIBEL AVE FORT PIERCE, FL34951	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SHARES 1000

SHARE HOLDERS:

1- TURKHAN N TURK %90 (900)

2- GREGORY LUCAS %10 (100)

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 SEPTEMBER 16, 2021



Signature of a member or authorized representative of a member

MUSTAFA TURK

Typed or printed name of signee