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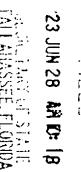
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Endty Name)
(Document Number)
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Registration Section

TO:

Division of Cor	porations				
SUBJECT:	PERFECT	198' LLC			
	Name of Lin	nited Liability Company	for filing. following: SZEMKECNE Name of Person ECT 98' LLC Firm/Company SOUR i AVE #121 Address ER FL. 33756 (State and Zip Code sed for future annual report notification) at (727) 656 - 5991 Area Code Daytime Telephone Number SSS.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
·	Ŭ				
	ANGEL	A SZEMKEONE	-		
		Name of Person			
	PE	RFECT 98'LLC			
		Firm/Company	,		
	1216 S. N	MISSOURI AVE	#121		
		Address	<u> </u>		
	CLEAR U	IATER FL. 337	1 <i>56</i>		
	,,=1:	City/State and Zip Code			
	Carril address (
		·	ification)		
For further information co	oncerning this matter, please c	all:			
ISTVAN	TAK ACS	m 727 656-	5991		
Name of	Person	Area Code Daytin	ne 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)	Certificate of Status & Certified Copy		
Mailing Address Registration S		Street Address: Registration Se	ction		
Division of Co		Division of Cor			
P.O. Box 632		The Centre of T	Tallahassee		
Tallahassee, F	L 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF ORGANIZATION	PH Fra
OF	23 JUN 20
PERFECT 98'LLC	23 JUN 28 AM DE JALLANDESSEE, FLORIDA
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	SEE. FLORIDA
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number <u>L0200020543</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" o	r 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 agent and/or the new registered office address here:	e name of the new registered
Name of New Registered Agent: ANGELA SZEMKEON	<u>E</u>
New Registered Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida

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>	Address	Type of Action
MGR	ANGELA SZEMKEONE	1216 S. MIBSOURI AVE #121 CIEARWATER FL. 33756	(DAdd
			□Remove
			□ Change
.			□Add
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			□Change
			□ Add
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record sp	ecifics a delayed e	ffective date, bu	t not an effective	e time, at 12:01 a.	m. on the earlier of	f: (b) The 90th d	ay after the
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Filing Fee: \$25.00