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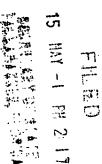
(Re	equestor's Name)
(Ac	idress)
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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05/01/15--01002--014 \*\*55.00



Mr 3/12

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PERFECT HOME REALTY, 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:
DOLORES MONTGOMERY Name of Person
LAND PERFECT, LLC Firm/Company
12838 YACHT CLUB CIRCLE
FT. MYERS, FL 33919  City/State and Zip Code  Dolores nora D ADL, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call
DOLORES MONTGOMERY at (317) 403-9522  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Runstatement Truckery No.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	
REALTY LLC ny as it now appears on our records.) iability Company)	
were filed on <u>0/-29-2</u>	<b>*</b>
lity company here:	he abbreviation "LLC"
123858 VACHT 12838 FT. MYERS, 1	
fice address on our records, enem ERT L. MONTGO BS YACHT CLUB Enter Florida street address NYERS , Florida	
) in	lity company here:  CT, LLC.  ty Company," the designation "LLC" or to  123858 YACHT  12838  FT. MYERS, I

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

Zip Code

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 = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DOLORES MONTGO	MERY	Add
			Remove
		JUDIANA POLIS, IN 46	- 
<u>a MBR</u>	ROBERT MONTGOMERY		Add
			□ Remove
		12838 VACHT CLUB CI FT. MYERS, FL 3391	RUE Change
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otivo doto	e, if other than the date of	filing: 04-	29-2015	(optiona	n		
effective dat	te is listed, the date must be specified inserted in this block does	ic and cannot be prior to d	ate of filing or more tha	ın 90 days after filir	ng.) Pursuai		
	fective date on the Departmen		statutory ming requ	arements, tills da	ic will not	. De Hist	
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	day after the record is fi		refrective time,	at 12.01 a.m	i. Off the	. earm	ÇI (
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ed	04-29 Wolores Signature DOLORES	of a member of authorize  MONTO  Typed or printed na	d representative of a n	nember		Y N	77

Filing Fee: \$25.00