## LOG 0000 93704

	(Requestor's Name)					
	(Address)					
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(City/State/Zip/Phone #)						
PICK-U	P WAIT	MAIL				
	(Business Entity Name)					
(Document Number)						
Certified Copies	. Certificates of S	status				
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SECRETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2006

JORGE RODRIGUEZ 1401 NE 191ST ST D-403 NORTH MIAMI BEACH, FL 33179

SUBJECT: THE PERFECT ALIBI, LLC

Ref. Number: L06000093704

We have received your document for THE PERFECT ALIBI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 806A00058313

## **COVER LETTER**

ē	TO: Registration Se Division of Co								
	SUBJECT: TH	FERFECT (Name of Limite	ALIBI						
	-	(Name of Limite	d Liability Company)						
	-	·							
	The enclosed Articles o	of Amendment and fee(s) are submitt	ted for filing.						
	Please return all corresp	condence concerning this matter to t	he following:						
		JORGE TO	201160ez						
				·					
	******	(Firm	/Company)	<del>- 1- 1-1-1-1</del>					
		, <b>(* ****</b>	· Company)	( == t == == == == == == == == == == == =					
		1401 NE 10	715 ST I	)-40路富					
		(A	ddress)	ARE OCT					
	-	NONIH MIAMI	Beach, FL	3 3887 7 T					
(Firm/Company)  1401 NE 1915 ST D-4 0 00 00 00 00 00 00 00 00 00 00 00 00									
	For further information	concerning this matter, please call:		2006 OCT IV PH 3: 02 SECRETARY OF STATE ANASSEE, FLORIDA					
	Name of Person) (Area Code & Daytime Telephone Number)								
		(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)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DERFECT

-	(A Florida Limited Liability Company)							
FIRST:	The Articles of Organization were filed on $\frac{9}{400080053954}$ and assigned document number $\frac{400080053954}{}$							
SECOND:	This amendment is submitted to amend the following:							
	LLC NAME TO BE							
	CHANGESD TO "PAMIRO AN	D						
	JORLE'S CATERING" UC.							
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	Desire & erredite date: 9	78	Joe	- ra				
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	Espective Date: 10/18/05							
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Dated	9 Sept. 25, 2006		PH					
	pr	ARY OF STATE	ယ	1 7				
,		> >	02					
	Signature of a member or authorized representative of a member	<del></del>	_					
	TOP66 PODRIGUEZ  Typed or printed name of signee		-					

Filing Fee: \$25.00

10-18-00-