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(Re	equestor's Name)		
(Ad	ldress)		
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(Do	ocument Number)		
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Perfect Pul Name of Lim	Th Marketing Group ited Liability Company	,LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		USON Grilli Name of Person	
	Perfec	Cl Pitch Wwitchny Group, Firm/Company	UL
	751	2 Dr. Phillips Blvd, Suik	2 50-141
	04	City/State and Zip Code	
	TGVIII. 49 C E-mail address: (9mail.(om to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca		
JWOM Name	Gnlli of Person	at (<u>4)7</u> <u>490 - 3</u> Area Code Daytime	749 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perfect Pitch	Marketing Group LLC
	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number _56-2646226	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the Next Level Lockeys LL The new name must be distinguishable and contain the words	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter: the name of the neaddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Effectiv	ve date, if other tha	n the date of fills	1 g:	5 - 21 - 22 - 22 - 24 - 25 - 24 - 24 - 24 - 24		(costoner)	50	
Note: 1	ective date is listed, the de If the date inserted in a ent's effective date on	this block does not	meet the appli	cable statutory	of more man so only filing requirement	s area insigner a is, this date wil	ingt oe	listed as t
the rec	ord specifies a de 90th day after th	day ed effective a record is filed	date , but n	ot an effecti	ve time, at 12	:01 ə.m. on	the ea	irlier of:
Dated _	may 5		2016					
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Filing Fee: \$25.00