

L09000072638

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DIVISION OF CORPORATIONS  
11 JAN 14 PM 29 27

N. Cuffigan JAN 18 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Perfect Home Rehab 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:

**Jean Denis Joseph**

Name of Person

Firm/Company

**POBOX 380068**

Address

**Miami FL 33038**

City/State and Zip Code

**jeandenisj@gmail.com**

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

For further information concerning this matter, please call:

**Jean Denis Joseph**

Name of Person

at ( **305** )

**305- 6839**

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/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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DIVISION OF CORPORATIONS  
11 JAN 14 PM 2:28

Perfect Home Rehab LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/03/2009 and assigned  
Florida document number L09000072638.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KING DOT EXPORT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

20535 NW 2 AVE Ste 211

(Principal office address MUST BE A STREET ADDRESS)

Miami Gardens FL 33169

Enter new mailing address, if applicable:

POBOX 380068

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33038

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Theoline Pierre Jean	7763 Miramar Pkwy Miramar FL 33023	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 01/10, 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jean Denis Joseph  
\_\_\_\_\_  
Typed or printed name of signee

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