L09000012638

(Re	questor's Name)	
, (Ad	dress)	····
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	siness Entity Nam	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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N. Cuttigan JAN 18 2011

COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	ECT:	Perfect H	ome Rehab LLC	
00241		Name of Limi	ted Liability Company	
The en	closed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
			Jean Denis Joseph	
			Name of Person	
			Firm/Company	<u> </u>
			POBOX 380068	
			Address	
			Miami FL 33038	*****
		:-	City/State and Zip Code	
	-	E-mail address: (t	andenisj@gmail.com o be used for future annual report notifica	ation)
For fur	ther information cond	erning this matter, please co	all:	
·-·.		enis Joseph	at (05- 6839
	Name of Pe	rson	Area Code & Daytime	Felephone Number
Enclose	ed is a check for the f	ollowing amount:	·	
\$25	.00 Filing Fee [330.00 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)

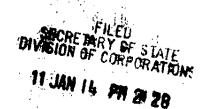
MAILING ADDRESS:

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 Home			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	08/03/2009	and assigned
Florida document numberL0900072638			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	re:	
KING DOT EX	PORT LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	20535 NW 2	AVE Ste 211	
(Principal office address MUST BE A STREET ADDRESS)	Miami Garde	ns FL 33169	
Enter new mailing address, if applicable:	POBOX 3800	068	
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 330)38	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>enter t</u> i	ne name of the new
New Registered Office Address:	Enter Florida street address		
		170 - 140 -	
	City	, Florida	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>	Name	Address	Type of Action
MGRM	Theoline Pierre Jean	7763 Miramar Pkwy Miramar FL 33023	Add Remove
			Add Remove
			Add Remove
			Add Remove
49-y	***************************************		Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	·
			STORE BY
Dated	01/10 , 20	<u>11</u> .	CORPORATIONS
- -	Jea	or authorized representative of a member an Denis Joseph or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00