

L10000061818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

NOV 27 2013

D. LARUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRACTICE PERFECT MARKETING 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:

ADAM ALTICE

Name of Person

PRACTICE PERFECT MARKETING LLC

Firm/Company

4317 W LEONA STREET

Address

TAMPA, FL 33629

City/State and Zip Code

ADAM.ALTICE@GMAIL.COM

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

For further information concerning this matter, please call:

ADAM ALTICE

Name of Person

at **813 597-9648**

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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**

PRACTICE PERFECT MARKETING 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 JUNE 9, 2010 and assigned
Florida document number L10000061818.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4317 W LEONA STREET

TAMPA, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4317 W LEONA STREET

TAMPA, FL 33629

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:

220 PINE AVENUE N, SUITE A

Enter Florida street address

OLDSMAR

Florida 34677

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>
MGR	NAUDAIN, NORMAN	6450 2ND AVE N	<input type="checkbox"/> Add
		ST PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Remove
MGR	ALTICE, ADAM	4317 W LEONA STREET	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33629	<input type="checkbox"/> Remove
MGR	SINGLETON, WILLIAM	701 S HOWARD AVE	<input checked="" type="checkbox"/> Add
		SUITE 106-208	<input type="checkbox"/> Remove
		TAMPA , FL 33606	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TAMPA FLORIDA

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

**SIGN
HERE**

Dated NOVEMBER 18, 2013



Signature of a member or authorized representative of a member

ADAM ALTICE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA