# LIDODOOLOI818

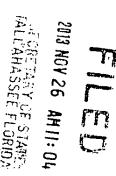
(I	Requestor's Name)			
(/	Address)			
(,	Address)			
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



800253985558

11/26/13--01007--006 \*\*25.00



MOV 2.7 2013

L. Ladue

#### **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

at 813 597-9648

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)

□\$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 Lial Florida document number L10000061818	bility Company	were filed on JUNE 9, 2010	and assigned	
This amendment is submitted to amend the follow	ving:	,		
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET		4317 W LEONA STREET		
A THICLIPUS DIFFICE MANAGEMENT AND A CAREEDIT	ZIDDIQUOD/	TAMPA, FL 33629	·····	
		17.1VII 7., 1 L 00020	72,	
Enter new mailing address, if applicable:		4317 W LEONA STREET	A 20 6	
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33629	1> 1/2 C 122000	
Intuming materias mail DL at 1051 Of 11CL In	227		- SS SS - SS - SS - SS - SS - SS - SS	
			THE TY	
			- CO =	
B. If amending the registered agent and/or	_		r the name of the new	
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
N 5 1 100 11	220 PINE A	VENUE N, SUITE A		
New Registered Office Address:	Enter Florida street address			
	OLDSMAR	, Florida	34677	
		City	Zip Code	
New Pagistaned Agent's Signature if changing Dec	riotopod Agents			

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:

自

Remove

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Address</u> Type of Action Name 6450 2ND AVE N MGR NAUDAIN, NORMAN Add ST PETERSBURG, FL 33710 ALTICE, ADAM 4317 W LEONA STREET MGR TAMPA, FL 33629 Remove 701 S HOWARD AVE MGR SINGLETON, WILLIAM **SUITE 106-208** Remove TAMPA, FL 33606

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
· · · · · · · · · · · · · · · · · · ·	_
•	
Dated NOVEMBER 18 2013	
Oto	*****
Signature of a member or authorized representative of a member	
ADAM ALTICE	
Typed or printed name of signee	<del></del>

Page 3 of 3 Filing Fee: \$25.00

2013 NOV 26 AM 11: 04