

L 11 000 117548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

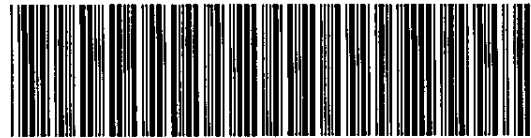
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800253135398

11/05/13--01003--027 **25.00

FILED
13 NOV -5 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.500000 NOV 06 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Practice Perfect, PLLC**

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:

Russell J. Carbaugh

Name of Person

Practice Perfect, PLLC

Firm/Company

2301 Wilton Drive, Suite 3

Address

Wilton Manors, FL 33305

City/State and Zip Code

rusty@rustyc.me

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

For further information concerning this matter, please call:

Russell J. Carbaugh

Name of Person

at **(954) 320-0240**

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

FILED
13 NOV -5 AM 11:13
TALLAHASSEE
FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Practice Perfect, PLLC

(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 10/13/2011 and assigned
Florida document number L11000117548.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2301 Wilton Drive, Suite 3

Wilton Manors, FL 33305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2301 Wilton Drive, #307

Wilton Manors, FL 33305

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>
MGR	Frederick Miceli, Jr.	1040 Seminole Drive, Unit 653	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2015 NOV -5 AM 11:13
 1040 SEMINOLE DRIVE
 FORT LAUDERDALE, FL 33304

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

Article III revised purpose:

Professional practice consulting

Dated October 31, 2013


Signature of a member or authorized representative of a member

Russell J Carbaugh

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 NOV -5 AM 11:13
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA