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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: PE	RFECT PAUERS OF Name of Lim	ted Liability Company	LLC
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	7
	JOHN C.	Name of Person	12 FCB 17 PM 1: W8
	PERFECT PAUEA	Firm/Company	46
	528 NW 15T	Ave.	
		Address	
	Fr. LAUDERDA	City/State and Zip Code	
		City/State and Zip Code	
	perfect savens	C BELLSOUTH. DET to be used for future annual report notifica	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	all:	
JOHN C. LEC			
PATRICIA WI	4.TE of Person	at (954) 777- 185 Area Code & Daytime T	<u> </u>
Name	oi Person	Area Code & Daytime 1	elepnone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

12 FEB		
	PHILL	

PERFE	CT PAVERS OF	SOUTH FLORIDA L	LC	3
(<u>Name of the Limited</u> (A	<u>Liability Compar</u> Florida Limited L	ny as it now appears o Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company			
This amendment is submitted to amend the follo	wing: ADA	LESS CHANG	ZE ONLY	
A. If amending name, enter the new pame of	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ricles of Organization for this Limited Liability Company were filed on October 31, 2011 and assigned a document number Lilouo 123884 mendment is submitted to amend the following: ADDRESS CHANCE ONLY amending name, enter the new pame of the limited liability company here: we name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation " new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) Fr. LANDELDALE, FC 33301 new mailing address, if applicable: 528 NW 157 AND.			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,'	'the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applica	ble:	588 NW	IST AUE.	
(Principal office address MUST BE A STREE)	(ADDRESS)	FT. LAUSEL	DALF, FC	33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	528 NW 1. Fr. LAUGEL.	st Aus. Dale Fl 33	3.3 o (
			records, enter the	name of the new
Name of New Registered Agent:				
New Registered Office Address:	528 N.	W. IST AVE Enter 1	Florida street addres	······································
	FT. LAUL	City	, Florida	333 o 1 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:

GR = Ma GRM = N	nager Ianaging Member		
<u>tle</u>	<u>Name</u>	Address	Type of Action
<u></u> .			Add Remove
· ·			Add Remove
			Add Remove
If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			- -
			- -
ted	FEBRUARY 10, 20	12	
	X Jan lo , 20 X Jan Los Signature of a member John C. LEUIS Typed	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00