## L12000034770

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (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: |
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## **COVER LETTER**

| TO: Registration<br>Division of C |  |   |   |  |  |
|-----------------------------------|--|---|---|--|--|
| es un secono.                     | Another                                      | Perfect Job, LLC  |   |  |  |
| SUBJECT:                          | Name of Limited Liability Company            |   |   |  |  |
| The enclosed Articles             | of Amendment and fee(s) are sub              | emitted for filing.   |   |  |  |
| Please return all corres          | pondence concerning this matter              | to the following:   |   |  |  |
|                                   |  | Andrea M Jordan   |   |  |  |
|                                   |  | Name of Person  |   |  |  |
|                                   |  | Another Perfect Job, LLC  |   |  |  |
|                                   | Firm/Company                                 |   |   |  |  |
|                                   |  | 7853 Gunn Hwy #234  |   |  |  |
|                                   |  | Address   |   |  |  |
|                                   |  | Tampa, FL 33626   |   |  |  |
|                                   | · · · · · · · · · · · · · · · · · · ·        | City/State and Zip Code   |   |  |  |
|                                   |  | ndrea.jordan88@yahoo.com to be used for future annual report not    | Conton  |  |  |
| For further information           | concerning this matter, please of            | -   | meanon)   |  |  |
| Andrea                            | a M Jordan                                   | 813<br>at ()  | 380-9010  |  |  |
| Name                              | e of Person                                  | Area Code Daytim  | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |

MAILING ADDRESS:

TO:

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

|   | fect Job, LLC                              |                          |   |
|---|--|--------------------------|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears<br>Liability Company) | s on our records.)       |   |
| The Articles of Organization for this Limited Liability Company Florida document numberL12000034770   | were filed on                              | 3-12-2012                | and assigned  |
| This amendment is submitted to amend the following:   |  |                          |   |
| A. If amending name, <u>enter the new name of the limited liab</u>  |  |                          |   |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the de                      | signation "LLC" or the a | bbreviation "E.L.C."  |
| Enter new principal offices address, if applicable:   | 7853 Gunn Hwy                              | #234                     | المارية على المارية المارية المارية عل<br>المارية المارية على المارية ا |
| (Principal office address MUST BE A STREET ADDRESS)   | Tampa, FL 3362                             | 26                       | PH 3: 32  |
| Enter new mailing address, if applicable:   | 7853 Gunn Hwy                              | #234                     |   |
| (Mailing address MAY BE A POST OFFICE BOX)  | Tampa, FL 3362                             | 26                       |   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent: |  | our records, enter       | the name of the new   |
| Name of New Registered Agent.   |  |                          |   |
| New Registered Office Address:  | Enter Flori                                | da street address        |   |
|   | City                                       | , Florida                | Zip Code  |
|   | City                                       |                          | Lip Coue  |

## 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 605, 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 atmending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name              | Address                               | Type of Action |
|--------------|-------------------|---------------------------------------|----------------|
| AMBR         | Randal S Matthews | 14206 Briarthorn Drive                |                |
|              |                   | Tampa, FL 33625                       | Remove         |
|              |                   |                                       | Change         |
|              |                   | · · · · · · · · · · · · · · · · · · · | Add            |
|              |                   |                                       | ☐ Remove       |
|              |                   |                                       | ☐ Change       |
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|              |                   |                                       | □ Change       |

| <i></i>  | audria Maridan   | 17,  |
|--|--|--|
| Dated January 18   | 2017   |  |
| he record specifies a del<br>The 90th day after the  | ayed effective date, but not an effective time, at record is filed.  | 12:01 a.m. on the earlier                          |
|  | the Department of State's records.   | mental and and mill not be listed                  |
| Effective date, if other than If an effective date is listed, the da Note: If the date inserted in t | the date of filing: te must be specific and cannot be prior to date of filing or more than 9 his block does not meet the applicable statutory filing require | (optional) 0 days after filing.) Pursuant to 605.0 |
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Filing Fee: \$25.00

Page 3 of 3