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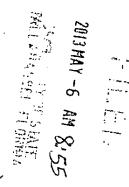
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J. SAULSBERRY EXAMINER

MAY 8 2013

COVER LETTER

TO:

Registration Section.

Division of Corporations

SUBJECT:

Planning Perfection 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:

Amarae Blyden-Richards

Name of Person

Firm/Company

4220 San Marino Blvd. Unit 306

Address

West Palm Beach FL 33409

City/State and Zip Code

amabevents@gmail.com

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

For further information concerning this matter, please call:

Amarae Blyden-Richards

__340\344-9028

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

Planning Perfection LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on on la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 413000012	Company were filed on 1/2	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
Plan Perfectly LLC		
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· .
(Principal office address MUST BE A STREET ADd		
	Pi. di	
Enter new mailing address, if applicable:		MAY TO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ag		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
<u> </u>		_, 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 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> Type of Action Remove Remove Add Remove Remove Remove Remove

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
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ed	
	Ant Polo Pre
	Signature of a member or authorized representative of a member
	Amarae Blyden-Richards
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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