L13 000 016026

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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizabeth Steiner		
	,	Name of Person	
	Perfect Deed Homes, LLC		
		Firm/Company	
	10 SW 49th Avenue, Build	ling 100	
		Address	
	Ocala, FL 34474		
		City/State and Zip Code	
	elizabeth@perfectdeedhom	es.com to be used for future annual report noti	Continu
For further information c	oncerning this matter, please c		icanony
Elizabeth Steiner		at (352) 414,1455	
Name o	f Person	at (352) 414.1455 Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perfect Deed Homes, 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 Liability Company were filed on January 31, 2013 _____ and assigned Florida document number L13000016026 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 contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 amending 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>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Steiner	3921 SE 20th Street	≣ Add
		Ocala, FL 34471	□Remove
			□Change
			□Add
		 	□Remove
			☐Change
	-		□Add
			□Remove
			Change
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			□ Remove
			Change
			🗆 Add
			□Remove
			Change

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ffective date, if other than the date of filing:	0207 (d as t
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.	the
ated September 22 . 2022	
Agnature of a member or authorized representative of a member	
Cagnatate of a member of audiotized representative of a member	
Elizabeth Steiner Typed or printed name of signee	