

L13000008773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA

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D.E

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WHERE IT'S ALL ABOUT 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:

**CHRISTOPHER HORN**

Name of Person

**WHERE IT'S ALL ABOUT PERFECTION, LLC**

Firm/Company

**1114 NEOGA STREET**

Address

**JUPITER, FL 33458**

City/State and Zip Code

**MKARIMPANALCPA@GMAIL.COM**

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

For further information concerning this matter, please call:

**CHRISTOPHER HORN** at **561 222-6189**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 MAR 24 PM 2:31  
TALLAHASSEE FLORIDA

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

**WHERE IT'S ALL ABOUT PERFECTION, 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 06/18/2013 and assigned Florida document number L13000087738.

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

**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, registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

MARIE KARIMPANAL

**New Registered Office Address:**

801 NORTHPOINT PKWY., STE. #4

Enter Florida street address

WEST PALM BEACH, Florida 33407

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 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.*

Marie Karimpantal  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>            | <u>Type of</u>                          |
|--------------|----------------|---------------------------|---|
| MGRM         | KYLE MC KELLIP | 6288 RIVERWALK LN. UNIT 2 | <input type="checkbox"/> Add            |
|              |                | JUPITER, FL 33458         | <input checked="" type="checkbox"/> Rem |
|              |                |                           |   |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Rem            |
|              |                |                           |   |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Rem            |
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|              |                |                           | <input type="checkbox"/> Rem            |
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|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Rem            |
|              |                |                           |   |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Rem            |

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OFFICE OF STATE

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ✓ 3/15/2014, 2014.

✓ 

Signature of a member or authorized representative of a member

CHRISTOPHER HORN

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA