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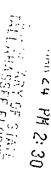
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COVER LETTER

TO:

Registration Section

Division of Corporations

WHERE IT'S ALL ABOUT PERFECTION, LLC

SUBJECT:

Name of Limited Liability Company

The ' iclosed 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'A SLL 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

_{...}561 222-6189

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

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 Lia Florida document number L13000087738 | bility Company were filed on 06/18/2 | 2013 and assi |
|--|---|----------------------------------|
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and end with the w | ords "Limited Liability Company," the designati | ion "LLC" or the abbreviation "L |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | TADDRESS) | |
| Enter new mailing address, if applicable: | <u></u> | ZUI4 MAR P4 |
| (Mailing address MAY BE A POST OFFICE E | 203 | |
| | | PH 2: |
| B. If amending the registered agent and/or the new registered off | | |
| Name of New Registered Agent: | MARIE KARIMPANAL | |
| New Registered Office Address: 801 NORTHPOINT PK\ Enter Florida | | |
| | WEST PALM BEACH | , Florida <u>33407</u> |
| | City | Zip Code |
| New Registered Agent's Signature, if changing R | egistered Agent: | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilic company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ager

| MGR = M $AMBR = A$ | lanager .uthorized Member | |
|--------------------|------------------------------|---|
| <u>Title</u> | <u>Name</u> | Address Type |
| MGRM | KYLE MC KELLIP | 6288 RIVERWALK LN. UNIT 2 |
| | | JUPITER, FL 33458 |
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| : If amending any other information, enter change(s) here: (Attach addition) | onal sheets, if necessary.) |
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| | · · · · · |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) | (optional) be more than 90 days after |
| Dated $\frac{\sqrt{3}/15/2014}{2014}$, $\frac{2014}{2014}$. | |
| Marsh A. How | |
| Signature of a member or authorized representative | of a member |
| CHRISTÖPHER HORN | |

Page 3 of 3

Filing Fee: \$25.00