# L130000148886

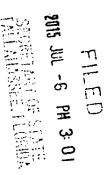
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### **COVER LETTER**

TO:	Registration Se Division of Cor		•	
SUBJ	Hello Perfec	ct, LLC		
SUBJ.	EC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alexa Carlin		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Hello Perfect, LLC		
			Firm/Company	
		11614 Paradise Cove Lane	:	
		* 15 Marie 1997	Address	· · · · · · · · · · · · · · · · · · ·
		Wellington, FL 33449		
			City/State and Zip Code	
		Alexa@AlexaCarlin.com		
		E-mail address: (	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Alexa	Carlin		561 3109808 at ()	
	Name of	f Person		Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>\$</b> 2	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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2015 JUL -6 PM 3: 01

Hello Perfect, LLC

STUBETARY OF STAFF

The Articles of Organization for this Limited Liability Company were filed on October 22, 2013 and assigned Florida document number \_ L13000148886 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Alexa Carlin, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11614 Paradise Cove Lane Enter new principal offices address, if applicable: Wellington, FL 33449 (Principal office address MUST BE A STREET ADDRESS) 11614 Paradise Cove Lane Enter new mailing address, if applicable: Wellington, FL 33449 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

## 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
MGR	Alexa Carlin	11614 paradise cove lane	
		Wellington, FL 33449	□ Remove
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	Signature of a member or authorized representative of a me	mber
<i>C</i>		
Alexa Carlin		

Page 3 of 3

Filing Fee: \$25.00