

L14000066535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

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2015 JUN 23 AM 8:43
SECTION OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 23 2015

From:

Perfect Imperfections by Delanni
1100 Kings Road # 2303
Jacksonville, FL 32203

To:

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

Please find enclosed the \$30 money order to register our
name change.

Previous name: Perfect Imperfection by Delanni

New Name: Perfect Imperfections by Delanni (the "r" in
the end was changed)

Please contact me if you have any questions:

Biannela Susana
President
904-434-5815

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perfect Imperfections by Delanni
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:

Biannela Susana
Name of Person

Perfect Imperfections by Delanni
Firm/Company

1100 Kings Road # 2303
Address

Jacksonville, FL 32203
City/State and Zip Code

Perfect.ImperfectionsbyDelanni@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Biannela Susana at (904) 434-5815
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2015

BIANNELA SUSANA
1100 KINGS ROAD #2303
JACKSONVILLE, FL 32203

SUBJECT: PERFECT IMPERFECTIONS BY DELANNI
Ref. Number: W15000039985

We have received your document for PERFECT IMPERFECTIONS BY DELANNI and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Send the complete Amendment form in. Page 3 was missing with required signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 515A00012095

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 JUN 23 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Perfect Imperfections by Delani

(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 _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Perfect Imperfections by Delanni L.L.C.

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)

Same as before

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

Name of New Registered Agent: _____

Same

New Registered Office Address: _____

Enter Florida street address

City

, Florida

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.

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STANLEY
TALLADEGA, CALIFORNIA

2015 JUN 23 AM 8:43

FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 the record is filed.

Dated 6-18-2015,

B-8

Signature of a member or authorized representative of a member

13; annela S. Sana
Typed or printed name of signee

Typed or printed name of signee