## 15000044716

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
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K. SALY EXAMINER

## **COVER LETTER**

Choice Moissubject:	rtgage Group LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	endence concerning this matter to the following:	
	Danny Cesar	
	Name of Person	
	Choice Accounting Solutions	
	Firm/Company	
	10753 SW 104 Street	
	Address	
	Miami, FL 33176	
	City/State and Zip Co	de
	danny@choiceaccountingsolutions.com	
	E-mail address: (to be used for future annu	ual report notification)
For further information of	concerning this matter, please call:	
Danny Cesar	786 at ()	606-5338
Name o	of Person Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee Certificate of Status ☐ Certified Copy (additional copy is	Certificate of Status &

MAILING ADDRESS:

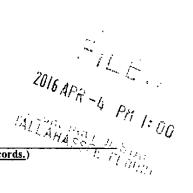
TO:

Registration Section
Division of Corporations

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



Choice Mortgage Group 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 C	Company were file	ed on 03/11/2015	and assigned
Fiorida document number L15000044716	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability com	pany here:	
Perfect Meals LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Compa	ny," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	dress here:		ords, enter the name of the new
New Registered Office Address:			
		Enter Florida street a	ddress
			, Florida Zip Code
			Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perform igent as providea red office address	ance of my dutie for in Chapter t	s, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Reg	istered Agent, <u>Signa</u>	ture of New Registered Agent

MGR = N AMBR = 'A	lanager Authorized Member	TILEL	
<u>Title</u>	<u>Name</u>	2016 APR -4 PK 1:	OÜ Type of Action
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•	2016 APR-4 PM 1:00
•	97725 1:00
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(If an ef Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	March 28 , 2012
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00