L1500139916

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
(Chip-Calchalph Herich)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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2015 DEC 26 AM II: 30 JEUDETARY OF STATES FAIL MEASSEE, FLORIDA

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SUBJECT: COM	PIETE PERFEC	TION SERVICES ited Liability Company	220
	Hamb or Diffe	ned Diability Company	
	` '		.,
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DEMETR	Name of Person	
,	Complete	PERFECTION S	SERVICES LLC
	419 Black	EBEARD ROAD	
	SUMMER IA	City/State and Zip Code	3042
	droachou	o be used for future annual report not	
For further information of DEMETRIC	oncerning this matter, please ca	11: at (305) 304	-5647
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)

Registration Section
Division of Corporations

TO:

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**

FILED

2015 DEC .28 AM 11: 30

Florida document number <u>L15000</u>	iability Company were filed on 8/17/2015 and assigned 139916
This amendment is submitted to amend the foll	••
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:
(Principal office address MUST BE A STREE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our records, enter the name of the new ffice address here:
And the second second	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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

MGR = MR $AMBR = AR$	ападег uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Callisto McNairy	118 FROST AVE, FERGUSON MO 63135	□ Add
		FERGUSON MO 63135	Remove
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		•	Chungo

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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