

L15000165998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

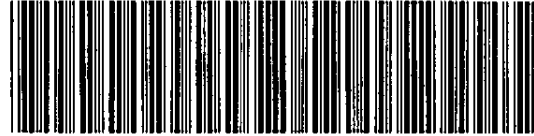
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER \*

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Perfect Link LLC

\_\_\_\_\_  
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:

Isabelle Laurent

\_\_\_\_\_  
Name of Person

Perfect Link LLC

\_\_\_\_\_  
Firm/Company

8365 sw 152nd avenue

\_\_\_\_\_  
Address

Miami , Florida 33193

\_\_\_\_\_  
City/State and Zip Code

perfectlinkmkt@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isabelle Laurent

786 8778427  
at ( )

\_\_\_\_\_  
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**

Perfect Link 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 Company were filed on September 30th 2015 and assigned  
Florida document number L15000165998.

This amendment is submitted to amend the following:

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

Perfect Link Transportation LLC

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:

4600 West Commercial BLVD Suite 4B

(Principal office address MUST BE A STREET ADDRESS)

Tamarac, Florida 33319

Enter new mailing address, if applicable:

12864 Biscayne Boulevard #288

(Mailing address MAY BE A POST OFFICE BOX)

Miami Fl 33181

**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:

4600 West Commercial BLVD suite 4B

*Enter Florida street address*

Tamarac

*City*

, Florida 33319

*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

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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>
President	Waldene k Dieudonne	4600 West Commercial BLVD <del>State 4B</del>	<input type="checkbox"/> Add
		Tamarac, Florida 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Vice Pres	Isabelle Laurent	12864 Biscayne Boulevard #288	<input type="checkbox"/> Add
		Miami, Fl 33181	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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.

\_\_\_\_\_ , \_\_\_\_\_ , 2016



**Isabelle Laurent**

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**Filing Fee: \$25.00**

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