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(Re	equestor's Name)	
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JAN 3 0 2017 S. YOUNG SFORETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: THE PERFECT P.C. LL	.C	
	ited Liability Company	Pol 116 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	LOLOMENA!	
PHILLIP BART	Name of Person	
THE PERFECT	TPC IIC	
77127 2141 20	Firm/Company	
5260 78TH AV	E N., # 373	
 	Address	JAN 27
PINELLAS PAI		ation)
nohfino@aal a	City/State and Zip Code	ation)
E-mail address: (OM to be used for future annual report notific	ation) 5 §
For further information concerning this matter, please or	all:	
PHILLIP BARTHOLOMEW	at (508) 223 - 74	· · · · · · · · · · · · · · · · · · ·
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$25.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIE	R ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporat	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ERFECT P.C. LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appear da Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	2-8-2016	and assigned
Florida document number <u>L16000026436</u>	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
- N/A			
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	esignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	$-\mathbf{N}I/\Lambda$	1 200
	 		上 2部
			2 7537
Enter new mailing address, if applicable:			mon
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	$-NI/\Delta$	= 70
			- : 要品
			
B. If amending the registered agent and/or representation representation and/or the new registered office as		our records, enter t	ie name of the new
Name of New Registered Agent:			
	· · · · · · · · · · · · · · · · · · ·	KI/A	
New Registered Office Address:	Enter Flor	ida steel stres	
		Florida	
	City	, riorus	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>	Address	Type of Action
AMBR	JORDAN CHICHESTER	3824 CHESEY HIGHWAY	∑ Add
		GAFFNEY, SC 29341	☐ Remove
			☐ Change
			□ Add
	 -		□ Remove
	\		Change
			□ Add □ SS □
			Remove AHASST
		/ 	Change EF STATE
		S G Remove	
			Change
			□ Remove
		☐ Change	
		□ Add	
			Remove
			Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PLE	ASE AMEND "OTHER PROVISIONS" IN ARTICLE III TO READ:
BUIL	DING A STRONG, CREATIVE AMERICAN COMPANY
-	
	
	
	
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(If an effective day Note: If the co	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated JAI	NUARY 25TH
	Signature of a mornber or authorized representative of a member
	PHILLIP BARTHOLOMEW Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00