

L16 0000 43213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
16 APR 28 AM 7:45
RECEIVED
TALLAHASSEE, FLORIDA
MAY 03 2016
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

ERIKA GAFFNEY
3750 SILVER BLUFF BLVD. #3002
ORANGE PARK, FL 32065

SUBJECT: PERFECTLY POSH DECORE PLANNING AND DECORATORS
"LLC"
Ref. Number: L16000043213

RECEIVED
2016 APR 28 PM 1:19
TALLAHASSEE, FLORIDA

We have received your document for PERFECTLY POSH DECORE PLANNING AND DECORATORS "LLC" and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00007230

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Perfectly Posh Events & Decor

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:

Erika Gaffney

Name of Person

Firm/Company

3750 Silver Bluff Blvd # 3002

Address

Orange Park, Florida 32065

City/State and Zip Code

perfectlyposh@gmail.com

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

For further information concerning this matter, please call:

Erika Gaffney

at (904) 704-6788

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**

Perfectly Posh Decore Planning and Decorators

(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 03/01/2016 and assigned
Florida document number L16000043213.

This amendment is submitted to amend the following:

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

Perfectly Posh Events & Decor, 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:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

City, Florida

City

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
			<input type="checkbox"/> Add
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REGISTRY OF STATE
TALLAHASSEE, FLORIDA
16 APR 28 AM 7:46

16 APR 28 AM 7:46
CENTRAL OF FLA
TALLAHASSEE, FLORIDA

(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 4-22-16,

4-22-16, _____
Bill G. G. G.

Signature of a member or authorized representative of a member

Donald G. Gaffney
Typed or printed name of signee

Typed or printed name of signee