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S. WARREN
'JUL 0 3 2017

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Perfect Solut	ions 2, LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Jackie M Eisele		
			Name of Person	
		Perfect Solutions 2, LLC		
Firm/Company				
1551 W. Copans Road, Suite 105				
			Address	· · · · · · · · · · · · · · · · · · ·
		Pompano Beach, FL 33064	•	
			City/State and Zip Code	
		jackie@perfectsolutions2.co		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Jackie M Eis	sele		954 366-5663 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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 Solutions 2, LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number L17000038176		2/17/2017 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(BOX)	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the new
New Registered Office Address:	1551 W. Copans Road, Suite 10	95
	Enter F	lorida street address
	Pompano Beach	, Florida ³³⁰⁶⁴
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registion given being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance o ristered agent as provided for in registered office address, I her	। Chapter 605, F.S. 🗗 भू thi s t locument is
	If Changing Registered	Agent, Signature of New Registered Agent
	Page 1 of 3	TATE ORIDA
	POOR I AT 1	T.

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>	Name	Address	Type of Action
AMBR	Jackie M Eisele	1551 W. Copans Road, Suite 105	
		Pompano Beach, FL 33064	□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change ALE ARY OF S ALEX SSEEF FL
			FLORAL DRemove
			Change

				
				
				
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				<u></u>
fective date, if other than	the date of filing	: 5/15/2017	(optional)	405.00
in effective date is listed, the date of the date inserted in the date inserted in the cument's effective date on the date on the date of	is block does not m	eet the applicable statutory	or more than 90 days after filing.) Pursuan filing requirements, this date will not	t to 605.02 be listed a
record specifies a dela The 90th day after the		ate, but not an effecti	ve time, at 12:01 a.m. on the	earlier (

Jay Eisele

Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00