

L17000119085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

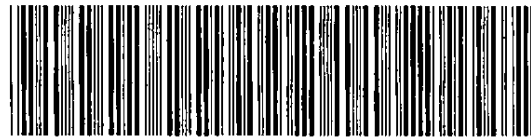
(Business Entity Name)

(Document Number)

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2017 JUN 14 PM 2:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PERFECT CHANCE 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:

CRISTIANA JONES

Name of Person

Firm/Company

411 SW KENTUCKY STREET

Address

FORT WHITE FL 32038

City/State and Zip Code

Cristiana@MyUSAFranchise.com

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

For further information concerning this matter, please call:

CRISTIANA JONES

561 4515306

Name of Person

at (_____) _____
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

FILED
2017 JUN 14 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE PERFECT CHANCE 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 5/31/2017 and assigned
Florida document number L17000119085.

This amendment is submitted to amend the following:

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

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

_____, 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>
AMBR	REGGIANI FEDERICA	VIA ANTONIO BASOLI 8	<input type="checkbox"/> Add
		CASTELGUELFO BO	<input checked="" type="checkbox"/> Remove
		40023 IT	<input type="checkbox"/> Change
AMBR	PETTI CRISTIAN	VIA ANTONIO BASOLI 8	<input type="checkbox"/> Add
		CASTELGUELFO BO	<input checked="" type="checkbox"/> Remove
		40023 IT	<input type="checkbox"/> Change
MGR	CRISTIANA JONES	411 SW KENTUCKY STREET	<input checked="" type="checkbox"/> Add
		FORT WHITE FL 32038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2007 JUN 14 PM 2:44
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FORT WORTH, TEXAS

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2017 JUN 14 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRET
TALLAH

(b) The 90th day after the record is filed.

Dated June 9 2017

Signature of a member or authorized representative of a member

FEDERICA REGGIANI

Typed or printed name of signer