## 117000156061

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2017 OCT 27 AK 10: 01

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## **COVER LETTER**

Division of C					
The Perf	ect Touch of the Emerald Coast L	LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	nited Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Brad Congleton				
		Name of Person			
	Brad Congleton CPA Inc				
	<del></del>	Firm/Company			
	2050 W County Highway 30A #214				
		Address			
	Santa Rosa Beach, FL 32459				
	City/State and Zip Code				
	Brad@cpaon30a.com				
For further information	E-mail address: ( n concerning this matter, please c	to be used for future annual report notif all:	ication)		
Brad Conleton		850 622-2280			
Name	e 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

2017 OCT 27 AM 10: 01

The Perfect Touch of the Emerald Coast, 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 Cor	npany were filed on July 20, 2	and assigned
Florida document number L17000156061		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered 2	<u>Agent:</u>	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	uplete performance of my di nt as provided for in Chapte	aties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gnature 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
MGR	Jorge Arena	282 McDaniel's Fish Camp RD	
		Freeport, FL 32439	_ ■ Remove
			☐ Change
			Add
			□ Remove
		<del>.</del>	Adth2
			Remove
			□ Change
			□ Remove
			□ Change
			□ Remove
			Change
			□ Add
			□ Remove
			□ Changa

	·
. Effec	tive date, if other than the date of filing:
	feetive date, if other than the date of filing:
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Datec	a October 25 2017
	Signature or member or authorized representative of a member

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Filing Fee: \$25.00