L17000169096

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ECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor						
	K PERFECTION LLC					
SUBJECT:	Name of Lim	ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	VALERIE K PACKER					
		Name of Person	 	(r)	78	
	TWO PACK PERFECTION	ON LLC		ECRE	121 JU	-
	- <u>-</u>	Firm/Company		25	## ယ	í
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		Address		S	-	*
	PENSACOLA,FLORIDA	32526		FLE	12	
		City/State and Zip Code		_		
	VALORSBOYS@MSN.CO					
	E-mail address: (to be used for future annual report not	ification)	_		
For further information c	oncerning this matter, please c	all:				
VALERIE PACKER		850 673-1928				
Name o	f Person	at () Area Code Daytin	ne Telephone Num	iber	_	
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Ficate of Sied Copy	itatus &	
Mailing Addres		Street Address:				
Registration S Division of C		Registration Se Division of Co				
P.O. Box 632	•	The Centre of	•			
Tallahassee,		2415 N. Monro		e 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO PACK PERFECTION LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re- Liability Company)	corus.)
The Articles of Organization for this Limited Liability Company Florida document number L17000169096		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	2021 SEC
Represent Properly LLC		
Represent Properly LLC The new name must be distinguishable and contain the words "Limited Liabs	ility Company," the designation "	LLC" or the abbreviation "LTC"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		[1]
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office	address on our records, <u>en</u>	iter the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
THE THE PROPERTY OF THE PROPER	Enter Florida street aa	ldress
		, 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 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
			□Remove
			□Change
			□Add
			SECRETARY TALLAHAS
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			06/27	2021					
E. Effective dat	e, if other than th	e date of fili	ing:		e et :	(opti	ional)		06.0207
Note: If the d	ate is listed, the date material late inserted in this b	olock does no	t meet the ap	pplicable stat	utory filing req	uirements, th	is date will	not be li	isted as
document's et	ffective date on the l	Department o	f State's rec	ords.					
If the record special record is filed.	fies a delayed effecti	ve date, but n	ot an effecti	ive time, at 1	2:01 a.m. on the	e earlier of: (l	o) The 90	th day af	ter the
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June 26 Dated	5		2021						
)(1.	1/1							
_	Vallen	e for the	icle	<u> </u>					
	- •	Signature of	a member or	authorized rep	presentative of a	nember			

Filing Fee: \$25.00