

118 0000007125

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R. WHITE

APR 26 2019

2019 APR 25 PM 2:02

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Our Perfect Concepts, 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:

DAVID J. ZACHEM AMBR  
Name of Person

Our Perfect Concepts, LLC  
Firm/Company

5127 CAESAR WAY S.  
Address

ST. PETERSBURG FL 33712  
City/State and Zip Code

DJZACHEM@EARTHLINK.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID J. ZACHEM AMBR at ( 727 ) 510-9830  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2019

DAVID J. ZACHEM AMBR  
5127 CAESAR WAY S  
ST PETERSBURG, FL 33712

SUBJECT: OUR PERFECT CONCEPTS, LLC  
Ref. Number: L18000007125

We have received your document for OUR PERFECT CONCEPTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. We only recieved page 2(of 3). Please see the enclosed information.

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) 245-6050.

Rebekah White  
Regulatory Specialist III

Letter Number: 419A00007092

RECEIVED  
2019 APR 25 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 APR 25 PM 2:02

Our Perfect Concepts 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 1/08/18 and assigned  
Florida document number L18000007125

This amendment is submitted to amend the following:

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

No

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:

No

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>
MBR	Fadi SABA	1839 CENTRAL AVE.	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Hazem AL-ANDARY	1839 CENTRAL AVE.	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Rabee Korbaj	1839 CENTRAL AVE.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4/23/19, \_\_\_\_\_.

David J. Zachea  
Signature of a member or authorized representative of a member

DAVID J. ZACHEA  
Typed or printed name of signee