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(Re	questor's Name)	·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	¥)
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PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Name	e)
(Dc	ocument Number)	
Certified Copies	Certificates of	of Status
	_	
Special Instructions to	Filing Officer:	

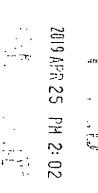
Office Use Only



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03/27/19--01008--016 ***



R. WETE IN 26 III

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>Ou (</u>	Perfect Co	OUCEDTS, LL(<u>-</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	David J	Name of Person	1.30R
	Our Pert	Pect Coxcepts Firm/Company	LLC
	5127 C	AESAR WAY	<u> </u>
	ST. Peter DJZACH E-mail address: (City/State and Zip Code EM DEAR THE to be used for future annual report notif	33712- INK, Net
For further information ec	oncerning this matter, please ca		
DAVID J. Z	ACTIEM AME	3 R at (727) 510 - Area Code Daytime	9830 Telephone Number
		23,000	
Enclosed is a check for th	e 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



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.

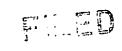
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 419A00007092

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILE D OF



0 0	20	19 APR 25 PM 2: 02
Our Perte (Name of the Limite	LT CONCESTS UCC d Liability Company as it now appears on our rec A Florida Limited Liability Company)	ords.)
\	A Florida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Lis	ability Company were filed on/	18 and assigned
Florida document number <u>L 180000</u>	25175	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
NO		<u> </u>
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
		
D If any disc the second again and	on resistance office address on our research	under anton the name of the new
B. If amending the registered agent and/oregistered agent and/or the new registered of		rus, enter the name of the ne
Name of New Registered Agent:	No	
New Registered Office Address:		
	Enter Florida street ad	dress
		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>	Address	Type of Action
MBR	FAdi SADA	1839 CENTRAL AVE,	🗹 Add
		ST, Retensturg FL 33713	₹ □ Remove
			□ Change
MBR	HAZEM AL-ANDARY	1839 CENTRALAVE.	🖸 Add
		ST. Petersburg, FL337.	<u>/</u> 3□ Remove
			Change
MBR	Rabee Korbaj	1839 CENTRAL Ave.	Add
		St. Petersburg, FL3371.	≧ □ Remove
			Change
•			_□ Add
			Remove
			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			ПС

11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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•	
Note:	ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	4/23/19
	Event Zarohoun
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00