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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PiCture Perfect Cleaning 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:
Mexita Dobinson Name of Person
Pictur Perfect Classing, LLC Firm/Company
207 Baker St.
FORT Walton Beach Fl 32548 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 376-8907 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Picture Perfect Cleaning	ng, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company) ZUII NO	/13 F # 83
The Articles of Organization for this Limited Liability Company Florida document number 18000100800.	were filed on <u>03-07-2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	207 BAYER ST	
Principal office address MUST BE A STREET ADDRESS)	fort Walton Beach	51. 32.548
Enter new mailing address, if applicable:	207 BAYER SI	
Mailing address MAY BE A POST OFFICE BOX)	Fort Walton Beach,	19. 32.548
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u> <u>e</u> :	r the name of the new
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tyrone Davis	327 Woodland Avenue	Add
	-	mary Esther, florida	□ Remove
		32369	Change
			Add
			□ Change
	-		🗆 Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			🗆 Remove
			🗆 Change

л Пат	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
<u>Note:</u>	ive date, if other than the date of filing:
the reb b) The	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	··
	Signature of a member or authorized representative of a member
	Wekitha Rohinson Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00