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18 SEP 20 PM 5: 00 SECRETARY OF STATE FALLAHASSEE, FLORIDA

SEP 21 2018 S. YOUNG

COVER LETTER

P.O. Box 6327

Tallahassee, Fl. 32314

TO:	Registration Section Division of Corporations		
SUBJE	CT: Perfect Touch Homes L.L.C. Name of Limited Liability Company		
The end	losed Articles of Amendment and fee(s) are submitted for filing.		
Please	eturn all correspondence concerning this matter to the following:		
	Daniel Hangh Name of Person		
	Firm/Company		
	1125 Hwy 179A Address	18 · · · · · · · · · · · · · · · · · · ·	
	Westville, Fl 32464 City/State and Zip Code	SEP 20 L TANNE MIASSEE	コードド
	E-mail address: (to be used for future annual report notification)	PM 5: 00	Ţ
For furt	ner information concerning this matter, please call:	5 7	
Da	Name of Person at (334) 587-888 Area Code Daytime Felephone Number		
Enclose	I is a check for the following amount:		
¥ Z \$25	(additional copy is enclosed) Certified C	e of Status &	
	MAILING ADDRESS: Registration Section Division of Corporations 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

Perfect Touch Hom	re 5 L.L.C
(A Florida Lin	onted Liability Company)
	pany were filed on 5 3 2018 and assigned
ida document number LISCONDAS 649 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" er new principal offices address, if applicable: neipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable:	
A. If amending name, enter the new name of the limited	liability company here:
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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1125 Hw. 179A 58 8
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter 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, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action Daniel Hannah Westville, FI 32464 _□ Change Brandy Killingsworth 1125 Hwy 179 A Westuille FI 32464 ☐ Remove Change Chris Free 206 often Dr MGR Gregory Braining ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Effective date, if other than the date of filing:	ed as t
Dated 9-/4-20/8 Signature of a member of supported party support of a member of supported party support of a member of support of s	
B BB	FI
Page 3 of 3	ILED

Filing Fee: \$25.00