

L18000 153 025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

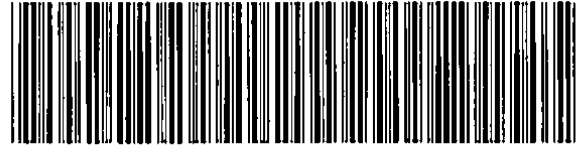
(Business Entity Name)

(Document Number)

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JUL 22 PM 1:03  
JUL 22 2019

JUL 27 2019

CH

PerFETTO Enterprises LLC

Robert PerFETTO  
7801 NW 85<sup>th</sup> Ave  
TAMPA, FL 33321

440-476-0599

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PerfettoEnterprises 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:

Robert Perfetto

Name of Person

PerfettoEnterprises LLC

Firm/Company

7801 NW 85th Ave

Address

Tamarac, FL 33321

City/State and Zip Code

bob.perfetto@perfettoenterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Perfetto

Name of Person

at ( 440 ) 476-0599

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PerfettoEnterprises 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 \_\_\_\_\_ and assigned Florida document number L18000153025.

This amendment is submitted to amend the following:

**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 "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

7801 NW 85th Ave

Tamarac, FL 33321

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

7801 NW 85th Ave

Tamarac, FL 33321

**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:

Northwest Registered Agent LLC

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

St. Petersburg

City

Florida 33702

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>
AMBR	Robert A Perfetto	7801 NW 85th Ave., Tamarac, FL 33321	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robyn A Perfetto	7801 NW 85th Ave., Tamarac, FL 33321	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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 7/16 2019

Robert Perretti  
Typed or printed name of signer