

L18000 220769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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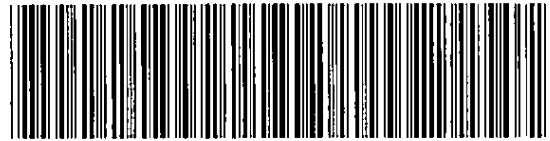
(Business Entity Name)

(Document Number)

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STATE OF TEXAS  
DIVISION OF CORPORATIONS  
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R. HUNT

10/17/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Perfect Chaos, 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:

Michele E. Adler  
\_\_\_\_\_  
Name of Person  
  
Michele Adler Coaching, LLC  
\_\_\_\_\_  
Firm/Company  
  
1815 NE River Ct.  
\_\_\_\_\_  
Address  
  
Jensen Beach, FL 34957  
\_\_\_\_\_  
City/State and Zip Code  
  
michele@micheleadler.life  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele E. Adler      561      379-6584  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2000 Capital Circle, SW  
Tallahassee, FL 32310

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Perfect Chaos, 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 August 5, 2021 and assigned  
Florida document number L18000220769.

This amendment is submitted to amend the following:

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

Michele Adler Coaching, LLC

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:

1815 NE River Ct.

(Principal office address MUST BE A STREET ADDRESS)

Jensen Beach, FL 34957

Enter new mailing address, if applicable:

1815 NE River Ct.

(Mailing address MAY BE A POST OFFICE BOX)

Jensen Beach, FL 34957

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**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:

same - Michele Adler

New Registered Office Address:

1815 NE River Ct.

*Enter Florida street address*

Jensen Beach

*City*

Florida 34957

*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.*

Michele Adler  
**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>
MGR	Michele E. Adler	1815 NE River Ct.	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input 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"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE  
DIVISION OF CORPORATION

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRET  
DIVISION OF CONCORDANCE

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 12 2023

Signature of a member

Signature of a member or authorized representative of a member

Michele E. Adler

Typed or printed name of signee

**Filing Fee: \$25.00**