

L18000233427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

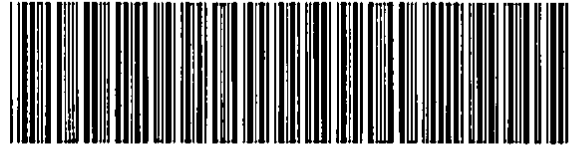
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FILED
JUL 11 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 JUL 11 PM 12:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALLAHASSEE, FL

June 9, 2022

ALLYCIA MCKINGLEY
2830 ANTHONY STREET
TAMPA, FL 33619

SUBJECT: PERRYLEMUSE LLC
Ref. Number: L18000233427

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 122A00012962

ENCLOSURE

COVER LETTER

**TO: Registration Section
Division of Corporations**

PerryLeMuse, LLC

SUBJECT: _____
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:

Allycia McKingley

Name of Person

PerryLeMuse, LLC

Firm/Company

2830 Anthony Street

Address

Tampa, FL 33619

City/State and Zip Code

perrylemuse@gmail.com

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

For further information concerning this matter, please call:

Allycia McKingley

813

5769015

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

PerryLeMuse, LLC

--- JUL 11 AM 9:15

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 2, 2018 and assigned
Florida document number L18000233427.

This amendment is submitted to amend the following:

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

GesuLeMuse, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

[illegible]

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

April 15

Dated _____,

Alluvia McKingley

Typed or printed name of signee