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### **COVER LETTER**

Division of Corporations		
SUBJECT: OCGANIZED.	Lo Perfection LL( Name of Limited Liability Company	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
	Thy Potaletic Name of Person  Ganized to Perfecto  Firm/Company	
15	32 SE Loth And Address	
	City/State and Zip Cod	le
B	-mail address: (to be used for future annua	al report notification)
For further information concerning this ma	atter, please call:	
Mr18+4 Pataleter Name of Person	at ( <u>234</u> )_ Area Code	405 - 2034 Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
□ \$25.00 Filing Fee ☑ \$30.00 Fili		Certificate of Status &
MAILING ADDRESS: Registration Section		ET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

Organized do	Perfection LLC				
( <u>Nàme of the Limited</u> (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liab Florida document number <u>LIGOOO IMM</u>		orthalia		and as	siţ
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the MLP Organizing LLC.  The new name must be distinguishable and contain the word			ne abbrevi	ation "L	L.
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET	ADDRESS)			<del> </del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	C.	our records, ent	ter the	name	<u>of</u>
Name of New Registered Agent:			<u> </u>	. Cs.	<u>_</u>
New Registered Office Address:	P . Pl	**************************************			<u> </u>
	Enter f lor	ida street address	JAH VALL VALL VALL VALL VALL VALL VALL VA	: 57	•
-	City	, Florida	Z	ip 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of 1
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Effective date, if other that (If an effective date is listed, the date inserted in a document's effective date on	ite must be specific ar this block does not	nd cannot be prior to meet the application			filing.) Purs		
he record specifies a de The 90th day after the			an effective ti	me, at 12:01 a	.m. on t	he ea	rlie
Dated JUM 25		2019					
	10) 12						
	Signaryre of a	member or autho	rized representative of	of a member			•
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Page 3 of 3

Filing Fee: \$25.00