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JUN - 5 2019

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	Perfect Home 2F	LLC		
	_	Name of Lir	mited Liability Company	
The enclosed A	rticles of Amendmen	t and fee(s) are sui	bmitted for filing.	
Please return al	correspondence con	cerning this matter	er to the following:	
	Alejano	lro Kratochvile Ma	acias	
	Perfect	Home 2H LLC	Name of Person	- ET 10 (20
			Firm/Company	-
	165 Bry	zant Drive		ア
			Address	- î (_.
	Sarasot	a, FL 34236		9
	akratoch	vilem@gmail.com	City/State and Zip Code	_
		E-mail address:	to be used for future annual report notification)	
For further info	mation concerning th	nis matter, please c	call:	
Valery Villacis	Huiracocha		941 402-4530 at ()	
	Name of Person		Area Code Daytime Telephone Numbe	r
Enclosed is a ch	eck for the following	amount:		
矣 \$25.00 Filir) Filing Fee & ificate of Status	(additional copy is enclosed) Certified	ite of Status &
	MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32.	n ations	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 Home 2H LLC			
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	.
The Articles of Organization for this Limited Liab	ility Company were filed on M	arch 8, 2019	and assigned
Florida document number L19000066522			and assigned
riorida document number	 -		
This amendment is submitted to amend the follow	ng:		
A. If amending name, enter the new name of the	e limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the o	lesignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET)	(DDRESS)		المسترسم أسأ
•			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			,
registered agent and/or the new registered office Name of New Registered Agent:	<u>e'address here</u> :		
New Registered Office Address:	P 0		
	Enter Flor	rida street address	
_		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this cha	ind complete performance of red agent as provided for in C istered office address, I hereb	my duties, and I am fam Chapter 605, F.S. Or, if t	iliar with and his document is
		ent, Signature of New Registo	ered Agent
	Page 1 of 3		

If amending Authorized Person(s) authorized to or removed from our records:		manage, enter the title, name, and ad	dress of each person being ad
MGR = N AMBR = A	danager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Jessica M Rogers	165 Bryant Drive	
		Sarasota, FL 34236	Remove
			Change
MGR	Alejandro Kratochvile Benesova	165 Bryant Drive	; 🙀 Add
		Sarasota, FL 34236	Remove
		-	Change
			□ Remove
			Add Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

famending	g any other informatio	n, enter change(s) here: <i>(At</i>	tach additiona	d sheets, if i	necessary.)	
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an effective of the	ite, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa	specific and cannot be does not meet the a	pplicable st		than 90 days a		
e record s The 90th	specifies a delayed e day after the record	ffective date, bu	it not an e	effective tim	e, at 12:0	1 a.m. on th	e earlie
ated	May 10	2019					
_			authorized r	Profesentative of a	member		
A	lejandro Kratochvile Mac						
		Typed or	printed name	e of signee			
) ,	Page 3 of	3			

Filing Fee: \$25.00