# 419000141313

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Certified Copies	_ Certificate:	s of Status
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M STAKES

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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UNFOLD PERCEPTI	ION LLC			
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		<del></del>		
	<del></del>			Art of Inc. File
				LTD Partnership File
			<del></del>	Foreign Corp. File
			<del></del> -	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
			<u></u>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
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				Certificate of Fictitious Name
			<del></del>	Corp Record Search
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				Fictitious Search
Signature	<del></del>		ļ <del></del>	Fictitious Owner Search
orginature .				Vehicle Search
				Driving Record
Requested by: SETH	02/02/21			UCC 1 or 3 File
<del></del>	$\frac{02/03/21}{5}$			UCC 11 Search
Name	Date	Time	<del></del>	UCC II Retrieval
Walk-In	Will Pick Up			Courier

# **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  PAULETTE CIMA  Name of Person  UNFOLD PERCEPTION  Firm/Company  1401 VILLAGE BLVD UNIT 326  Address  WEST PALM BEACH. FLORIDA 33409			
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:  PAULETTE CIMA  Name of Person  UNFOLD PERCEPTION  Firm/Company  1401 VILLAGE BLVD UNIT 326  Address  WEST PALM BEACH. FLORIDA 33409  City/State and Zip Code  INFO@UNFOLDPERCEPTION.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  PAULETTE CIMA  Name of Person  Total Code  Name of Person  Total Code  Daytine Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status & Certificate Copy (additional copy is enclosed)  Certificate of Status & Certificate Of Status & Certificate Opy (additional copy is enclosed)				
	PAULETTE CIMA  PAULETTE CIMA  Name of Person  UNFOLD PERCEPTION  Firm/Company  1401 VILLAGE BLVD UNIT 326  Address  WEST PALM BEACH. FLORIDA 33409  City/State and Zip Code INFO@UNFOLDPERCEPTION.COM  E-mail address: (to be used for future annual report notification)  unther information concerning this matter, please call:  LETTE CIMA  Name of Person  UNFOLD PERCEPTION.COM  E-mail address: (to be used for future annual report notification)  unther information concerning this matter, please call:  LETTE CIMA  Name of Person  Name of Person  Seed is a check for the following amount:  C25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate Copy (cadditional copy is enclosed)			
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			Firm/Company	
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			Address	<del></del>
		WEST PALM BEACH, FL	ORIDA 33409	
			· •	
				ificulion
For further in	formation co		·	in Cate of the Cat
PAULETTE				
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 Fi	iling Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

UNFOLD PERCEPTION LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of	on 06/25/2019	_ and assigned
forida document number L19000141313		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compa	ny here:	
he new name must be distinguishable and contain the words "Limited Liability Company."	"the designation "LLC" or the abbro	eviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	,	
		0
If amending the registered agent and/or registered office addres	ss on our records, enter th	
gistered agent and/or the new registered office address here:		
	(1) (2) (1) (2)	و و
Name of New Registered Agent:		
New Registered Office Address:	, th	, 2
	er Florida street address	· <del>-</del>
	, Florida	
City		Ziv 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

Zip Code

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>	Address	Type of Action
AMBR	PAULETTE CIMA	1401 VILLAGE BLVD UNIT 326 '	Add
			■ Remove
			Change
MGR	REGINE RENE	1401 VILLAGE BLVD UNIT 326	<b>=</b> Add
			□ Remove
		<del></del>	☐ Change
		·	□ Add
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			□ Remove
			□ Change

Effective date, if other than the date of filing: 1/27/2021 (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 605.02 Mote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  JANUARY 26  2021  Pattle Company Signature of a member or authorized representative of a member  PAULETTE CIMA		i . ,			
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Page 3 of 3

Filing Fee: \$25.00