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From:

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page 1

COVER LETTER

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TO:	Registration Sec Division of Corp					
	INJECT TO	PERFECTPLLC				
SUBJE			ted Liability Company			
		Amendment and fec(s) are sub-				
Picase r	eturn all correspo	ndence concerning this matter to Cheyenne Moseley	to the following.			
			Name of Person			
		Legalzoom.com, Inc.			200	
			Firm/Company		2021 APR	
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		Glendaic, CA 91203			E S S	O
			City/State and Zip Code		ည်း မှ	
		andressburney@att.net	to be used for future annual report notif	ication)	क्षेत्र अ	
For furt	her information c	oncerning this matter, please co		,		
	nno Moseley		800 773-0888 at ()			
	Name o	f Person		: Telephone Number	•	
Enclose	ed is a check for th	ne following amount:				
□ \$25	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is:	latus &	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURT Registration Section Division of Corpor	r.		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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To: 18506176383

page 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A	Lightlity Compa Florida Limited	ny as it now appears on our Lability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number 1.20000101875	ility Company	were filed on 04/13/2020	and assigned
This amendment is submitted to amend the follows	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.U.C."
Enter new principal offices address, if applicable	le:	4501 S Semoran Blvd	25.
(Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32822	AP AP
			20 20 20 20 20
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		4501 S Semoran Blvd	iga 🚉
Muiling address MAY BE A POST OFFICE BO	1 <u>X)</u>	Orlando, FL 32822	2 9 9
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	registered of address her	<u>e</u> :	ecords, enter the name of the nev
N D. dayand (NE a. Address)	4501 S Semona	m Blvd	
New Registered Office Address:	 	Enter Florida street	t address
New Registered Office Address.			, Florida 32822
	Oriando		7: 6
		City	Zip Code
	istered Apent:	<u>.</u>	,

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	Address	Type of Action
AMBR	ANDRESS L BURNEY	4501 S Semoran Blvd Orlando, FL 32822	D Add
			□ Remove
			Change
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			Remove
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If amer	iding any other information, enter change((s) here: (Attach additional sheets, if necessary.)
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		2021 APR
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Note: 1	e date, if other than the date of filing: ctive date is listed, the date must be specific and cannot f the date inserted in this block does not meet the nt's effective date on the Department of State's 1	(optional) be prior to date of fitting or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) e applicable statutory filing requirements, this date will not be listed as the records.
the reco	ord specifies a delayed effective date, b 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated	April 27, 2.0 Andies Lo Bur Signature of a member	<u>121</u> .
	Angus Lo Bur Signature of a member	or authorized representative of a member
		•

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