L20000 146339

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400345416374

06/10/20--01020--022 **60.00

2020 (110 Altion 1.6

Amundlas

TALERITICS

COVER LETTER

TO:

Registration Section
Division of Corporations

Tailahassee, FL 32314

Perfecionar SUBJECT:	re LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa Simpson		
		Name of Person	
	Perfecionare LLC Firm/Company 1147 Ballard Ridge Road Address Jacksonville FL 32211 City/State and Zip Code perfecionare@gmail.com E-mail address: (to be used for future annual report notification) remation concerning this matter, please call: on Name of Person at		
		Firm/Company	
	1147 Ballard Ridge Road		
		Address	
	Jacksonville FL 32211		
		City/State and Zip Code	
		to be used for fitting appeal report to	ori faction)
			ottication)
For further information c	concerning this matter, please co	all:	
Vanessa Simpson		347 717-0830 at (
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			Section
Division of C		Division of C	orporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

s it now appears on our records.) lity Company)
re filed on May 29, 2020 and assigned
company here:
Company," the designation "LLC" or the abbreviation "L.L.C."

00)
φ.
ress on our records, enter the name of the new regi
Enter Florida street address
, Florida

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 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>	<u>Address</u>	Type of Action
AMBR	Vanessa Simpaon	1147 Ballard Ridge Road	
		Jacksonville FL 32211	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		,	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change

						
				•		_ -
						
						·
						
						
		 –				
fective date, if oth n effective date is listed ote: If the date inser- cument's effective d	ted in this block do	es not meet the ap	pplicable statutory	g or more than 90 days filing requirements	optional) safter filing.) Pursuant t s, this date will not b	to 605.0207 e listed as
ecord specifies a del is filed.	ayed effective date,	but not an effect	ive time, at 12:01 :	a.m. on the earlier (of: (b) The 90th day	after the
ted						
	1	V 11				