

620 000193307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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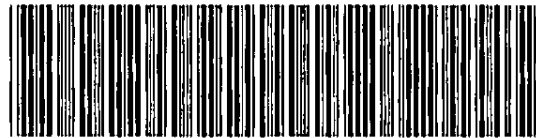
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations
The Perfect Journal, LLC

SUBJECT: _____
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:

Taylor Cohen

Name of Person

The Perfect Journal LLC

Firm/Company

PO BOX 558

Address

Apopka, FL 32704

City/State and Zip Code

COHENTAY95@GMAIL.COM

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Taylor Cohen

262 4988923

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Perfect Journal LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 07, 2020 and assigned
Florida document number L20000193307

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Perfect Journal LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

860 Wesley Circle

APT 214

Apopka, FL 32704

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

860 Wesley Circle

APT 214

Apopka, FL 32704

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Taylor Cohen

New Registered Office Address:

860 Wesley Circle APT 214

Enter Florida street address

Apopka

Florida

32703

City

Zip Code

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
 and from our records:

Manager

Authorized Member

[illegible]

Change Status to Managing Member: Taylor Cohen

22 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
 23 instrument's effective date on the Department of State's records.

rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
led.

December 18

2020

Signature of a member or authorized representative of a member

TAYLOR BRIANNE COHEN

Typed or printed name of signee