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(R(equestor's Name)
(Ac	ddress)
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(Ci	ty/State/Zip/Phone #)
(Bi	usiness Entity Name)
(Ut	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only 5. C. 06/18/21



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COVER LETTER

TO: **Registration Section Division of Corporations**

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Perfected Vision Consulting, 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:

Monica Adams

Name of Person

Perfected Vision Consulting, LLC

Firm/Company

9734 Mulberry Marsh Lane

Address

Ruskin, FL 33573

City/State and Zip Code mpuentes05@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

707 F.Y. I.U. 813 384-1870 Monica Adams at (_____ Daytime Telephone Number Name of Person Area Code 2u

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) (2)

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

Perfected Vision Consulting, LLC		iny as it now appears on our records.)		
(<u></u>	(A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number <u>L21000058584</u>	.iability Company	were filed on $\frac{2/2/2021}{2}$	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		19046 Bruce B Downs Blvd		
(Principal office address MUST BE A STREET ADDRESS)		Ste B6 #752		
		Tampa, FL 33647		
Enter new mailing address, if applicable:		19046 Bruce B Downs Blvd	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		Ste B6 #752	<u></u>	
		Tampa, FL 33647		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>enter th</u>	>,	
Name of New Registered Agent:	Monica Adams			
New Registered Office Address:	19046 Bruce B	Downs Blvd Ste B6 #752		
	Enter Florida street address			
	Tampa	, Flori	da <u>33647</u>	
		City	Zip 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.

Monica Culance If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Monica Adams	19046 Bruce B Downs Blvd	🗐 Add
		Ste B6 #752	
		Tampa, FL 33647	□ Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			=
			□Change
		····	🗆 Add
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			□Change
		<u></u>	□Add
		<u></u>	🗆 Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(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 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May	2021
	Monica adams Signature of a member or authorized representative of a member
-	Signature of a member or authorized representative of a member
	Monica Adams

Typed or printed name of signee