

121 000353873

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(City/State/Zip/Phone #)

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SECRET  
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2021 OCT -4 AM 8:56

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT -4 PM 1:56

September 22, 2021

MUSTAFA TURK  
1104 PINE AVE  
FORT PIERCE, FL 34982

SUBJECT: PERFECT PICTURE PAINTING, LLC  
Ref. Number: L21000353873

We have received your document for PERFECT PICTURE PAINTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Is the word suppose to be ferfect or perfect?.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 621A00022851

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NAME CHANGE

\_\_\_\_\_  
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:

MUSTAFA TURK

\_\_\_\_\_  
Name of Person

PERFECT PICTURE PAINTING, LCC

\_\_\_\_\_  
Firm/Company

1104 PINE AVE

\_\_\_\_\_  
Address

FORT PIERCE, FL 34982

\_\_\_\_\_  
City/State and Zip Code

MTURK2001@AOL.COM

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

For further information concerning this matter, please call:

MUSTAFA TURK

772 519-0147

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**

PERFECT PICTURE PAINTING, INC

(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 08/05/2021 and assigned  
Florida document number L21000353873.

This amendment is submitted to amend the following:

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

PICTURE PERFECT PAINTING CO. 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	GREGORY LUCAS	5108 SANIBEL AVE FORT PIERCE, FL34951	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

SHARES 1000

SHARE HOLDERS:

1- TURKHAN N TURK %90 (900)

2- GREGORY LUCAS %10 (100)

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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 605.0207 (3)(b)*

**Note:** 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 SEPTEMBER 16, 2021.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

MUSTAFA TURK

\_\_\_\_\_  
Typed or printed name of signee