L21000353873

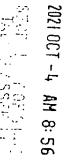
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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FLORIDA DEPARTMENT OF STATE Division of Corporations

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

Tallahassee, FL 32314

Div	ision of Cor	porations				
eun in om	NAME CHANGE					
SUBJECT:		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		MUSTAFA TURK				
			Name of Person			
		PERFECT PICTURE PAI	NTING, 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 noti	itication)		
For further is	nformation c	oncerning this matter, please ca	all:			
MUSTAFA	TURK		772 519-0147			
	Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	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)		
	iling Addres gistration S		Street Address: Registration Se	ection		
		orporations		Registration Section Division of Corporations		
	D. Box 632			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		
(<u>Name of the Limited Liability Co</u> (A Fiorida Limi	mpany as it now appears on our records ted Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	any 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 L	iability 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	<u> </u>	
		202 SE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		50.7
		F 3
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:		·*
		63
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
	. Flo	orida
	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.

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
AP	GREGORY LUCAS	5108 SANIBEL AVE FORT PIERCE, FL34951	= Add
			□ Remove

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

SHARE HOLDERS: 1. TURKHAN N TURK %90 (900) 2. GREGORY LUCAS %10 (100) ective date, if other than the date of filing: (optional) 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 (eg. If the date inserted in this block does not meet the applicable statutory (fling requirements, this date will not be listed as tument's effective date on the Department of State's records. cord 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 siftled. ed SEPTEMBER 16 , 2021	S	HARES 1000
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ed		
	•d	SEPTEMBER 16 2021
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00