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COVER LETTER

CUDICCT.	PERFECT	TLY ME L.L.C.	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	
	HOUSTON, TX, 77064		
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	50 E3
LOVETTE DOBSON		1 888-462-345. at ()	3 27 2
Name o	d Person	Area Code Daytime	3 E Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

Division of Corporations

TO:

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

PERFECTLY				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L21000502911 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 11/23/2021	and assigned		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10151 Deerwood Park Boulevard , Building 200 Suite 250			
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville , FL 32256			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Jacksonville , FL 32256 address on our records, enter the na	nme of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	TELL AT		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my auties, and 1 d provided for in Chapter 605, F.S. C	or, if this document is		

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>	Address	Type of Action
AMBR	Marlisa Lester	10151 Deerwood Park Boulevard	
-		Building 200 Suite 250	Remove
		Jacksonville, FL 32256	= Change
AMBR	Tacarris Lester	10151 Deerwood Park Boulevard	
		Building 200 Suite 250	□Remove
		Jacksonville, FL 32256	= Change
			□Add
			□ Remove
			□Change
			Add "T
			Remove.
			GChange
			□Remove
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Filing Fee: \$25.00