## LZZ 000175598

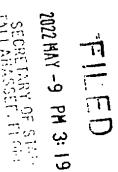
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## **COVER LETTER**

	istration Session of Cor						
	Picture Perfect Retals & Real Estate LLC						
SUBJECT:	Name of Limited Liability Company						
The enclosed	Articles of .	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Barry Abraham					
			Name of Person				
Picture Perfect							
			Firm/Company				
		14511 Prism Cir Apt 304					
	Tampa/ FL, 33613						
	City/State and Zip Code						
		barryabr30@icloud.com					
			to be used for future annual report	notification)			
For further in	formation c	oncerning this matter, please ca	all:				
Barry Abraha	m		203 907-523 at ()	3			
	Name o	f Person	Area Code Da	ytime Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	iling 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)			
Reg Div P.C	ling Addres gistration 5 vision of C ). Box 632 lahassee, I	Section orporations 7	The Centre				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Picture Perfect Retals & Real Estate 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 Cor	mpany were filed on	and assigned
Florida document number L22000175598		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Picture Perfect Rentals & Real Estate LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Fator non-mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registere
agent and or the new registered write address here.		
Name of New Registered Agent:		
N. D 1007 A 11		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered.	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, ont as provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent Signatur	re 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>	Address	Type of Action
MGR	Barry Abraham II	14511 Prism Cir Apt 304	<b>=</b> Add
		Tampa, FL 33613	□Remove
			□ Change
			□Add
			□Remove
			□Change
		- <del></del>	
			□Remove
	<u> </u>		
			□Remove
			☐ Change
			□ Add
			□Remove
<del></del>			□Add
			□Remove
			□ Change

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	05/01/22
ectiv	te date, if other than the date of filing: (optional)  tive 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 605.020
ite: I	tive date is listed, the date must be specific and cannot be prior to date of fiting or more than 90 days after filing.) Pursuant to 603.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The 9	90th day after the record is filed.
ted_	·
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00