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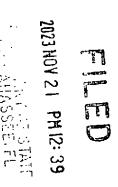
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2023

CLAYTON HARRISON 1205 S FLAGLER AVE #411 POMPANO BEACH, FL 33060

SUBJECT: PERFECTLY !MPERFECT COUNSELING LLC

Ref. Number: L22000530433

We have received your document for PERFECTLY !MPERFECT COUNSELING 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):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6000.

RUSSELL L HUNT Regulatory Specialist III 2023 NOV 21 PM 12: 39

Letter Number: 223A00011697

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Perfectly mperfect (Name of Limited Liability Company | Lauraelina LLC |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| The same of the spondence concerning this matter to the following. | |
| Clayton Harr Name of Person | ison |
| Firm/Company | |
| PSC3, Box 125° | 5 |
| APO AE City/State and Zip C Charrison 1-35 E-usil address: (to be used for future and | 9021 |
| Charrison 135 E-usul address: (to be used for future and | Qaol COM nual report notification) |
| For further information concerning this matter, please call: | 20: |
| Question tarrison at (754) Name of Person Area Code | Daytime Telephone Number Daytime Telephone Number |
| , Name of Person Area Code | Daytime Telephone Number 2 |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee Certificate of Status Certified Copy (additional copy in the control of the co | Certificate of Status & Certified Copy |
| previously sent | (additional copy is enclosed) |
| Registration SectionRegiDivision of CorporationsDiviP.O. Box 6327The | t Address: stration Section sion of Corporations Centre of Tallahassee |
| · | N. Monroe Street, Suite 810 shassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pertectly mperte | ct Counseline | LLC | |
|---|---|---------------------------------|-------------|
| (Name of the Limited Limited Limited) (A Florida Limited) | iny as it now appears on our reco Liability Company) | ris.) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000530433</u> . | were filed on 12/19 | 22 and assign | ed |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab Perfect Imperfections The new name must be distinguishable and contain the words "Limited Liabi | Counselina L | LC" or the abbreviation "L.1.,C | |
| Enter new principal offices address, if applicable: | | | <u></u> |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u>.</u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Clayton Harr PSC 3, Box APO, AE | 1255E | 3 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ent</u> | er the name of the new re | egistered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street addi | ress | |
| | , 1 | 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:

| of Temoven from our records. | | | |
|---|--|--|--|
| MGR = Manager AMBR = Authorized Member | | | |

| Title | <u>Name</u> | Address | Type of Action |
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| ffective date, if other the an effective date is listed, the | ian the date of f | iling: <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u> | or to date of file | J & Y | (optional |) Transfer | <u>\</u> |
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Filing Fee: \$25.00