

L23000029451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

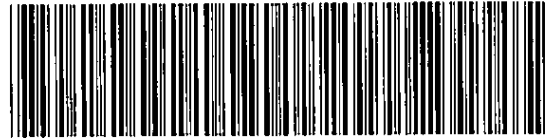
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perfectly Imperfect Kreationz LLC
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:

Belinda Lewis
Name of Person

Perfectly Imperfect Kreationz LLC
Firm/Company

2423 Talbaranna Trail
Address

Havana, FL 32333
City/State and Zip Code

belindalewis16@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belinda Lewis at 850 273-2576
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

2023 FEB 17 PM 12:43

Perfectly Imperfect Kreationz LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGR	Belinda Lewis	2423 Tallavara Trail Havana, FL 32333	☒ Add
			☐ Remove
			☐ Change
AMBR	Tommy Lewis		☐ Add
			☐ Remove
		2423 Tallavara Trail Havana, FL 32333	☒ Change
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