

L23600089552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

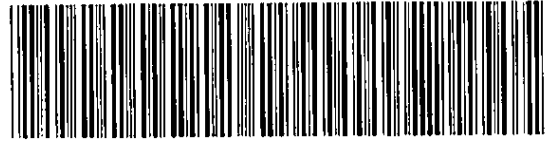
(Document Number)

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Certificates of Status \_\_\_\_\_

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RECEIVED  
MAR 27 2023  
STATE OF FLORIDA  
CORPORATION

A. DUTLER

MAR 27 2023

RECEIVED  
MAR 27 2023  
MAR 27 2023  
PH 4:00

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Perfectible Packing 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:

Beronica Gomez  
Name of Person

Perfectible Packing  
Firm/Company

8122 Village Gate Ct  
Address

Jacksonville FL 32217  
City/State and Zip Code

Bergomez849@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beronica Gomez at (904) 994-4732  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Perfectible Packing LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

27 PM 4:00

The Articles of Organization for this Limited Liability Company were filed on 2-18-2023 and assigned Florida document number L2300089552.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Perfectible Movers LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

6271 St Augustine RD

Ste 24-1761

Jacksonville FL 32217

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6271 St Augustine RD

Ste 24-1761

Jacksonville FL 32217

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

8122 Village Gate Ct

Enter Florida street address

Jacksonville

City

Florida

32217

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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