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| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ac | ddress) |
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| (Ci | ty/State/Zip/Phone #) |
| ☐ SICK-NS | WAIT MAIL |
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| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: | Perfectibe Name of Limi | le Movers La ited Liability Company | <u> </u> |
| The enclosed Articles of | Amendment and fee(s) are subs | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | <u>Felix</u> | GONZAICZ Name of Person | |
| | Perfec: | Firm/Company | LLC |
| | 8300 old k | Kings rd South | - |
| | Jackson | VIIIe FL 322 | 17 |
| | Matthew (E-mail address: (t | SUMZA/EZ 25. o be used for future annual report notifi | 53@gmail.com |
| | oncerning this matter, please ca | | |
| Felix Gonz | ZALEZ | at (904) 914 - Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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

| _ Perfecti | ble M | overs LLC | • | | |
|---|--|---|---|----------------------|------------|
| (Name of the Limite | d Liability Compa A Florida Limited | iny as it now appears on our Liability Company) | r records.) | | |
| The Articles of Organization for this Limited Liz Florida document number <u>43000</u> | | were filed on 2-18 | 3-2023 | and assigned | |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| | | | | F = 1 1 | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the designation | on "LLC" or the abb | reviation "L.L.C."- | |
| Enter new principal offices address, if applica | ble: | | | | |
| (Principal office address MUST BE A STREE) | (ADDRESS) | | · | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | <u>80X)</u> | 8300 Old K Jacksonvi Unit 79 | ings 1d | 500Hh 1217 | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | here: | | | of the new register | <u>red</u> |
| Name of New Registered Agent: New Registered Office Address: | felix 8300 | CONZALE : Old Kings Enter Florida stree CONVILLE City | 2 d South | / 1 | |
| | Jacks | City | , Florida <u>+ </u> | Orida 3a Zip Code | 1217 |

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> | Address | Type of Action |
|--------------|----------------|------------------------|----------------|
| <u>CEO</u> | Felix Gonzalez | 8300 old Kings Rd Soun | H DAdd |
| | | | 🗆 Remove |
| \cap | 4 | | Change |
| <u>VEO</u> | Beronica Gomez | | □Add |
| | | | CRemove |
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| <u>ite:</u> 1 | te date, if other than the date of filing: |
| cord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| ted _ | 10-83-8084 |
| | ' X PM GOT PM / L |
| | Signature of a member or authorized representative of a member Felix Gonzalez |

Filing Fee: \$25.00