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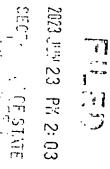
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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Y. SCOTT AUG - 5 2023

COVER LETTER

TO:

Registration Section

DIVISION OF COL	porations			
	AND SIMPLE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CARLIANNE TIPSEY			
		Name of Person		
	PERFECT AND SIMPLE	LLC	S	207
		Firm/Company	—————————————————————————————————————	7023 JUN
	19375 US HWY 19 #202			. 기구 기관 23
		Address	***	/ *
	CLEARWATER, FL 3376	, 4	175 175 175	PH 2: 0
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	ri	93
	CARLIANNE.FENTON@	GMAIL.COM to be used for future annual report not	ification)	
			incation)	
For further information c	oncerning this matter, please c	all:		
CARLIANNE TIPSEY		408 306-8261 at ()		
Name o	of Person		ne Telephone Number	
Enclosed is a check for the	he 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 Certificate C Certified Co (additional cop	of Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co	rporations	
P.O. Box 632		The Centre of	Tallahassee be Street, Suite 810	
Tallahassee,	rl 32314	Z410 IN. MODIO	ie succi, suite 610	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<u> </u>

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
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fective date, if other than the date of filing:	or more than 90 days after	filing.) Pu	rsuant to 605.02
ote: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	filing requirements, this	date wil	l not be listed
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	.m. on the earlier of: (b	The 9	Oth day after th
ted JUNE 16 2023			

Typed or printed name of signee