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(R	equestor's Name)	
(i.v.		
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: THE WR	ITER'S PURPOSE, LL	C	
<u> </u>		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
PJease return all correspon	ndence concerning this matter	to the following:	
	Corpor	<u>ate Maintenance Le</u>	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	. <u> </u>
	1	l450 Vassar St	
		Address	
		Pone NIV/ 90502	
		Reno, NV 89502 City/State and Zip Code	
	returnd	locs@incauthority.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information ed	oncerning this matter, please c	all:	
Processi	ing Department	at (800) 638-2320	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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)
Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n
Tallaha	ssee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa	PURPOSE LLC INV As it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/01/21	and assigned
Florida document number L21000254497		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
THE WRITER'S R	PURPOSE, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 West Flagler Street Suite	900 - #4780
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130	
		
Enter new mailing address, if applicable:	66 West Flagler Street Suite	-
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130	
	<u> </u>	
B. If amending the registered agent and/or registered υ	Mae address on our records and	er the nemeral the new
registered agent and/or the new registered office address her		-71
		7.3
Name of New Registered Agent:		
New Registered Office Address:		<i>ن</i> ک
New Registered Office Floatess.	Enter Florida street address	
	, Florida	
	Ciry	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
		•

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR_	Elaine Gagne	66 West Flagler Street Suite	900 - #47 80 □ Add
		Miami, FL 33130	☐ Remove
			Change
<u>MGR</u>	Gabrielle Puyat	66 West Flagler Street Suite	<u>900 - #4780</u> □ Add
		Miami, FL 33130	☐ Remove
			☐ Change
			□ Add
			Remove
			C Change
		- <u>-</u>	
			□ Remove
			Change
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			Remove
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an effe	ve date, if other than the date of filing:
ote: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
cume	is selective date on the Department of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
	August 20 . 2021.
ated _	
ited _	/ /-+ / / / / /
ated _	August 20 . 2021. White hBraks Signature of a member of a member of a member.
ited _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00