## 40878

(Req	uestor's Name)	
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## COVER LETTER

Divi	ision of Corp	porations		
SUBJECT:	Purple Lake	Realty LLC		
Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Kristina Purycar		
			Name of Person	
		Purple Lake Realty LLC		
			Firm/Company	<del></del>
140 Jefferson Ave, Suite 14023				
			Address	
		Miami Beach, FL 33139		
			City/State and Zip Code	
		krispuryear@gmail.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	il:	
Kristina Pury	vear		917 450-0944 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Purple Lake Realty LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recormited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Con	npany were filed on 3/23/2012	and assigned
Florida document number L12000040878		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Purple Lake LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
		9
		至美工
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		<del>111 (2) 111</del>
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
<ol> <li>If amending the registered agent and/or register registered agent and/or the new registered office addres</li> </ol>		is, enter the name of the ne
	<del>-</del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	F	lorida
	Ciry	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>	Type of Action
			Add
			☐ Remove
		···	□ Add
			☐ Remove
			Add
			□ Remove
			Change
	<del></del>		Add
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		· <del></del>	☐ Change
			□ Remove
			Change
			Add
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			Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If am effect <u>Note:</u> If	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  Oth day after the record is filed.
Dated _	4/22/19.
	Signature of almember or authorized representative of a member
	Signature of a member or authorized representative of a member  KRISTINA PURYEAR
	Typed or printed name of signee

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Filing Fee: \$25.00