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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Purple Pineapple Photography & Studio 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:							
Jacqueline Fitzpatrick Name of Person							
Jacque James Portraits Firm/Company							
11357 89th Place North							
Loxabatchee, FL 33470 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jacqueline Fitzpatrick at (561) 644-2307 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}(\text{additional copy is enclosed})\$\$\$ Certified Copy(\text{additional copy is enclosed})\$\$\$ Certified Copy(\text{additional copy is enclosed})\$\$\$\$}\$\$							

MAILING ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

Purple Pineap	ple Pr ted Liability Com	notographu pany asti now appears y d Liability Company)	1 G Studi	<u>o LL</u> C	
The Articles of Organization for this Limited L. Florida document number 130001(iability Compa 06770	ny were filed on	12/2013	and assigned	
This amendment is submitted to amend the foll					
A. If amending name, enter the new name of Jacque James The new name must be distinguishable and contain the or				abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:		<u> </u>		
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:				6 P	
(Mailing address MAY BE A POST OFFICE	BOX)			5: 22 STATE LORIDA	
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>ente</u>	r the name of the new	
Name of New Registered Agent:	Jacq	veline Fit	zpatrick		
New Registered Office Address:	9000 Roll 1404 #107				
		Palm Beac			

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

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Title Address** Name Jackie Fitzpatrick 9020 Bellhurst Wayord #107 Remove West Palm Beach Jacqueline Fitzpatrick ₩ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Change ₽₽¥ □ Remove 171 EF Change □ Remove

□ Change

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E Essa	tive date, if other than the date of filing: 812015 (optional)	
∢lfan e	ffective 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)
docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	a as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Dated	1 July 1319, 2015.	
	Signature of a member of authorized representative of a member	•
		7
	Jacqueline Fitzpatrick 55	:
		·
	Page 3 of 3	

Filing Fee: \$25.00