

L15000038639

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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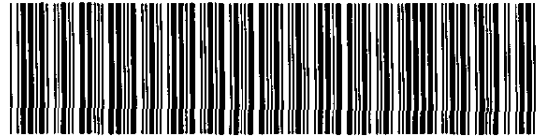
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K. SALY
EXAMINER
SEP 16 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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July 14, 2015

NICHOLS, DYMES & ASSOCIATES LLC
CYNTHIA NICHOLS, CPA
35788 STATE RD 54, STE. 101
ZEPHYRHILLS, FL 33541

SUBJECT: THE PULSE LLC
Ref. Number: L15000038639

We have received your document for THE PULSE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 115A00014685

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE PULSE 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:

CYNTHIA NICHOLS, CPA

Name of Person

NICHOLS, DYMES & ASSOCIATES LLC

Firm/Company

35788 STATE RD 54, SUITE101

Address

ZEPJHYRHILLS, FL 33541

City/State and Zip Code

nicholsdymes2014@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA NICHOLS, CPA

813 782-8680
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

THE PULSE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/03/2015 and assigned
Florida document number L15000038639.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

35788 STATE RD 54

(Principal office address MUST BE A STREET ADDRESS)

SUITE 101

ZE3PHYRHILLS, FL 33541

Enter new mailing address, if applicable:

P O BOX 3088

(Mailing address MAY BE A POST OFFICE BOX)

ZEPHYRHILLS, FL 33539

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

35788 STATE RD 54, SUITE 101

Enter Florida street address

ZEPHYRHILLS

, Florida 33541

City

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> | <u>Type of Action</u> |
|--------------|----------------------|--|---|
| MGR | ROSE M HALE | 6035 12TH ST ZEPHYRHILLS, FL 33542 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JEANETTE HALL | 5207 ALLEN RD ZEPHYRHILLS, FL 33541-7921 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | CYNTHIA NICHOLS, CPA | 35788 STATE RD 54 ZEPHYRHILLS, FL 33541-2244 | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | ATHENA BLOOMFIELD | 35788 STATE RD 54 ZEPHYRHILLS, FL 33541-2244 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DOUG NIVEN | 2410 9TH AVE N. ST PETERSBURG, FL 33713-6835 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | KRISTIN PELLETIER | 15000 CITRUS COUNTRY DR SUITE #103 DADE CITY, FL 33523 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/01/2015 (optional)

(If an effective 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 7, 2015



Signature of a member or authorized representative of a member

CYNTHIA NICHOLS, CPA

Typed or printed name of signee