# 11600057202

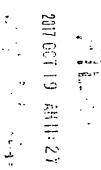
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## **COVER LETTER**

	gistration Section ision of Corporations	
cun ir <i>c</i> ir.	PureLocal Experts LLC	
SUBJECT:	Name of Limited Liability Company	<del></del>
The enclose	d Articles of Amendment and fee(s) are submitted for filing.	
Please returi	all correspondence concerning this matter to the following:	
	Jason Herrera	
	Name of Person	
	Purelocal Experts	
	Firm/Company	
	2804 Whispering Way	
	Address	<del></del>
	Winter Park FL, 32792	
	City/State and Zip Code	<del>_</del>
	legacymasterminds@gmail.com	
	E-mail address: (to be used for future annual report notification)	<del></del>
For further in	nformation concerning this matter, please call:	
Jason Herrei	a 386 216-9956	
	Name of Person Area Code Daytime Telephone N	umber
Enclosed is a	check for the following amount:	
□ \$25.00 F	Certificate of Status Certified Copy Ce (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

PureLocal Experts LLC			
( <u>Name of the Limit</u>	ed Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Li		were filed on March 16, 2016	and assigned
lorida document number L16000057202	·		
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	f the limited liab	ility company here:	
I/A			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applic	able:	2804 Whispering Way	
(Principal office address MUST BE A STREET ADDRESS)		Winter Park, FL 32792	
			2817
			000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2804 Whispering Way	
		Winter Park, FL 32792	g
	<u>, , , , , , , , , , , , , , , , , , , </u>		Da
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
3. If amending the registered agent and/	or registered o	ffice address on our records,	•
egistered agent and/or the new registered of	<u>fice address her</u>	<u>e</u> :	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	<del></del>
		, Flori	ida
		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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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	N/A	
Effective date, if other than the d	date of filing: The best of filing or more than 90 d	_ (optional) avs after filing.) Pursuant to 605.02
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requireme	nts, this date will not be listed
locament's effective date on the Dep	partition state s records.	
ie record specifies a delayed	effective date, but not an effective time, at 1	2:01 a.m. on the earlier
The 90th day after the reco		
, 12TH OCTOBER	2017	が C2 点 C3
Dated		2017 OC
	/ fruffform	D C
S	Signature of a number or authorized representative of a member	΄ ΄ ΄ ΄ ΄ ΄ ΄

Page 3 of 3

Filing Fee: \$25.00