## 1/6000079240

(Requestor's Name)	
(Address)	3
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TUSLING OUV POSSION & PUPOS UC.  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:
Sabrina Hall
Name of Person
Firm/Company
9536 Princelon Sq Blvd 9 #1108
Jackson Ville Fl 32356 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (754) 779-1877  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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



October 3, 2017

SABRINA HALL 9536 PRINCETON SQ BLVD S #1108 JACKSONVILLE, FL 32256

SUBJECT: PURSUING OUR PASSION & PURPOSE LLC

Ref. Number: L16000079240

We have received your document for PURSUING OUR PASSION & PURPOSE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

PAGE 2 IS MISSING.

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.

Jenna D Harris Regulatory Specialist II

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Letter Number: 917A00020001

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pursuing Our Passion	n & Purms	LLC
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were L16000079240.	re filed on 4/22/11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability "Liability Liability "Liability "Liability "Liability "Liability" "Liability "L	ty LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADDRESS)		
_		20
Enter new mailing address, if applicable:	Na	
Mailing address MAY BE A POST OFFICE BOX)		ω [
_		. <u> </u>
<ol> <li>If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:</li> </ol>	address on our records, ent	* **
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	
South the the state of the stat	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>	Address	Type of Action
NA	NA	NA	Add
			Remove
			☐ Change
			Add
		<u> </u>	Remove
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			Remove
		1	☐ Change

E. Effective date, if other than the date of filing:  (I'an effective date, if other than the date of filing:  (I'an effective date is listed, the date must be specific and cannot be prive to date of filing or more than 90 days after filing.) Pursuant to 605.03.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 (b) The 90th day after the record is filed.  Dated Ochber 16. 2017.  Signature of a member or authorized representative of a member.  Typed or printed name of signee.		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $ \uparrow $
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Dabrina Hall		
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Typed or printed name of signee		Cahrina Hall
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Filing Fee: \$25.00