

L16000133996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

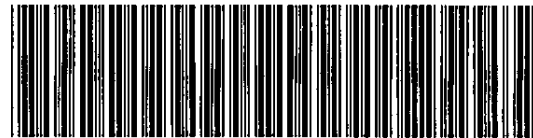
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

SEP 13 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURSONA 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:

Mark Crompton
Name of Person

Pursona LLC
Firm/Company

900 N Ocean Blvd. #9
Address

Pompano Beach FL. 33062
City/State and Zip Code

^{NE}
Pursonadesigns@yahoo.com fashion@pursona.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Crompton at (954) 773-4525
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

PURSONA LLC

SECRET
FLA
OFFICE OF THE
STATE
ATTORNEY
TALLAHASSEE, FLORIDA

2018 OCT 2 P 12:44

~~SECRET~~

~~NEW REGISTERED AGENT~~

ED

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>
AMBR	MARK CROMPTON	900 N Ocean Blvd. #9	☒ Add
		Pompano Bch FL 33062	☐ Remove
			☐ Change
AMBR	Grace Crompton	900 N Ocean Blvd. #9	☐ Add
		Pompano Bch FL 33062	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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[illegible]

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.

Dated 9/1/16, _____.

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA