

L17000064372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

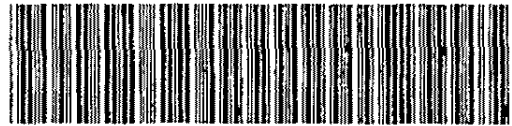
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

N. CAUSSEAU

OCT - 5 2017

K. SAL  
OCT - 3 2017

10-04-'17 12:16 FROM-

**COVER LETTER**

T-117 P0001/0004 F-024

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Purple Print Event Design

\_\_\_\_\_  
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:

Chimere A. Mcmillan

\_\_\_\_\_  
Name of Person

Purple Print Event Design

\_\_\_\_\_  
Firm/Company

9002 Greenleaf Road

\_\_\_\_\_  
Address

Jacksonville, Florida 32208

\_\_\_\_\_  
City/State and Zip Code

ppeventdesign@gmail.com

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

For further information concerning this matter, please call:

Chimere Mcmillan

\_\_\_\_\_  
at ( 904 ) 200-7996  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

10-04-'17 12:16 FROM-

T-117 P0002/0004 F-024

TO  
ARTICLES OF ORGANIZATION  
OF

Purple Print Event Design

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

The Articles of Organization for this Limited Liability Company were filed on 03/25/2017 and assigned  
Florida document number L17000064372

This amendment is submitted to amend the following:

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

No changes needed

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

no changes needed

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no changes needed

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:

no changes needed

New Registered Office Address:

Enter Florida street address

City

Florida

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

10-04-'17 12:16 FROM-  
or removed from our records:

T-117 P0003/0004 F-024

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brianna D. Ellis	9002 Greenleaf Road, Jax, FL 32201	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chimere Mcmillan	9002 Greenleaf Road, Jax, FL 32201	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SEP 29 PM 8:27  
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10-04-17 12:17 FROM-

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DIVISION OF CORPORATIONS  
2017 SEP 29 AM 8:47

E. Effective date, if other than the date of filing: 10/6/17 (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 October 4, 2017.

Chimere McMillan

Signature of a member or authorized representative of a member

Chimere McMillan

Typed or printed name of signee