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COVER LETTER

TO: Registration Sect Division of Corpo	orations		
SUBJECT: PUE	Wisdom Br	rand Fhirts LLC	
·	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Mork Elle	Name of Person	
	Good trus	Firm/Company Cit F(V) Address	
	Infor Pure Wish	City/State and Zip Code Combrained T. An Asia J. C. to be used for future annual report notif	ecci (, com
For further information cor	ncerning this matter, please ca		
MARK Ellis Name of I	Person	at $(\frac{1/64}{\text{Area Code}})$ $\frac{\sqrt{54}-}{\text{Daytime}}$	1332) : Telephone Number
Enclosed is a check for the	tollowing amount:		
□ \$25,00 Filing Fee	S30.00 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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Park WISDEM BRAND OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>\$5-2303//B</u> .	were filed on Retation	na assigned and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab PUR WISHOM BROWN Appare	eh LLC.	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	CLO THURA	look intering
(Principal office address MUST BE A STREET ADDRESS)	2016/16011 201	54 54
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		(
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter </u>	AN T
Name of New Registered Agent:		m m
New Registered Office Address:	Enter Florida street address	200 E
		3 ·
	, Flo	rida
w Registered Agent's Signature, if changing Registered Agent:	·	,
hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete peccept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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
			⊒Add
			□Remove
			□Change
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(If an e <u>Note:</u>	etive date, if other than effective date is listed, the date in the date inserted in this	must be specific and cannot is block does not meet the	ne applicable statutor	g or more than 90 days a		
docur	ment's effective date on th	e Department of State's	records.			
cord is f			fective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	the
	a <u>01/05/200</u>		·			
Datec	/ /					
Dated		The state of the s	<u>)</u>			

. . . .

Typed or printed name of signee