

L17 000 210113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

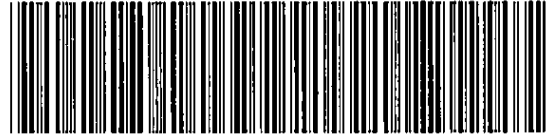
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/17--01019--012 **25.00

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17 OCT 23 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gj
10/25/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURPOSEFUL PATHWAYS 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:

RHASHIDA N OSAZE-WALKER

Name of Person

PURPOSEFUL PATHWAYS LLC

Firm/Company

3820 CENTRAL AVE 109

Address

FORT MYERS FL 33907

City/State and Zip Code

PURPOSEFULPATHWAYSOUNSELING@GMAIL.COM

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

For further information concerning this matter, please call:

RHASHIDA OSAZE-WALKER

216 973 7190
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 10/10/2017 and assigned
Florida document number 117000210113.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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17 OCT 23 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|-------------------------|--|
| MGR | RHASHIDA OSAZE-WALKER | 3820 CENTRAL AVENUE 109 | <input type="checkbox"/> Add |
| | | FORT MYERS FL 33901 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for amending information.

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17 OCT 23 AM 9:56
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TALLAHASSEE, FLORIDA

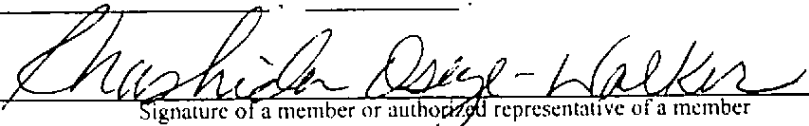
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/13/2017


Signature of a member or authorized representative of a member

RHASHIDA OSAZE-WALKER

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
PURPOSEFUL PATHWAYS, LLC

Filing Information

Document Number L17000210113
FEI/EIN Number NONE
Date Filed 10/10/2017
Effective Date 10/10/2017
State FL
Status ACTIVE

Principal Address

12553 NEW BRITTANY BLVD
32
FORT MYERS, FL 33907

Mailing Address

3820 CENTRAL AVENUE
109
FORT MYERS, FL 33901

Registered Agent Name & Address

OSAZE-WALKER, RHASHIDA N
12553 NEW BRITTANY BLVD
32
FORT MYERS, FL 33907

Authorized Person(s) Detail**Name & Address**

Title AP

OSAZE-WALKER, RHASHIDA N
12553 NEW BRITTANY BLVD #32
FORT MYERS, FL 33907

*I am only trying to change
my title from AP to MGR.*

Annual Reports

No Annual Reports Filed

Document Images

10/10/2017 - Florida Limited Liability

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