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COVER LETTER

TO: Registration S Division of Co			
	nterprises LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Christine Purser		
		Name of Person	<u></u>
	The Purser Group		
		Firm/Company	·
	425 Commercial Ct Ste	A	
	~	Address	<u> </u>
	Venice, FL 34292		
		City/State and Zip Code	
	cpurser@thepursergroup	to be used for future annual report notif	Fraction
For further information	concerning this matter, please c		nearion)
	615	at () Area Code Daytim	e Telephone Number
Name	of Person	Area Code Dayumi	e 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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Purser Enterprises LLC						
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records. ability Company))				
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000259672</u> .	and assigned	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabile	ity company here:					
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)						
		88 35 6 10 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	<u>유</u>			
		P ##	목 금-			
Enter new mailing address, if applicable:		0 5				
(Mailing address MAY BE A POST OFFICE BOX)		AMIO:	≅r 			
			<u></u>			
		06	~;			
B. If amending the registered agent and/or registered office address here:		enter the name of th	e new			
Nama of Naw Pagistored Avants						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street address		—			
	Differ Florida siree address					
	, Flor	ida Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	·	·				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F.	I am familiar with and S. Or, if this document	ł			

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>	Type of Action
AMBR	Michael A Purser	425 Commercial Ct. Ste A Venice, FL 34292	
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			2018				
Effective date, if other (If an effective date is listed, the	than the date of the date of the date must be spe	of filing: cific and cannot	be prior to date of	of filing or more t	(opt han 90 days atb	t ional) er filing.) Pursua	ant to 605.0
Note: If the date inserted document's effective date	in this block do	es not meet the	: applicable sta	tutory filing re	quirements, th	is date will no	t be listed
document serioente date	on the tepartit	em or since s	ecora.				
the record specifies a	delaved effe	ctive date. I	out not an e	ffective time	e, at 12:01	a.m. on the	e earlier
) The 90th day after							
September 1		201	8				
Dated deptember 7		,	· ·				
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Filing Fee: \$25.00