

L180000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

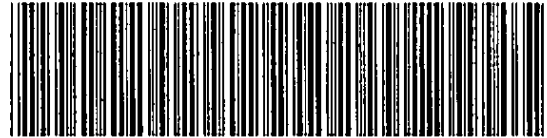
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 APR - 9 AM 9:49

Y SULKER

APR 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purpletly Press 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:

Yanette Mantro

Name of Person

Firm/Company

3225 N. Hiatus Road #450158

Address

Fort Lauderdale, FL 33345

City/State and Zip Code

ymantro@gmail.com

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

For further information concerning this matter, please call:

Yanette Mantro

954 937-3324
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

Purplefly Press LLC

(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 1-2-2018 and assigned
Florida document number 118000000215.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3225 N HIATUS RD. #450158

FORT LAUDERDALE, FL 33345

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3225 N HIATUS RD. #450158

FORT LAUDERDALE, FL 33345

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:

3225 N HIATUS RD. #450158

Enter Florida street address

FORT LAUDERDALE

Florida 33345

City

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

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	Krystal Marin	2824 ALCAZAR DR	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amaris Pagen	5330 NW 197TH TERR	<input type="checkbox"/> Add
		MIAMI, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yvette Rosado	8267 FAIRWAY RD	<input type="checkbox"/> Add
		SUNRISE, FL 33351	<input type="checkbox"/> Remove
		Authorized Member	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

18 APR - 9 AM 9:49

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

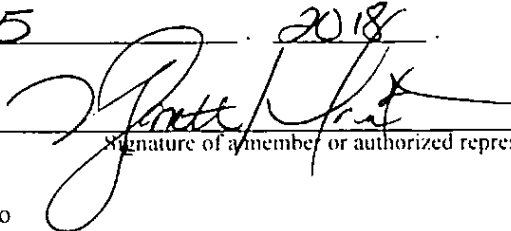
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 APRIL 5 2018



Signature of a member or authorized representative of a member

Yanette Mantro

Typed or printed name of signee