

L18000008259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

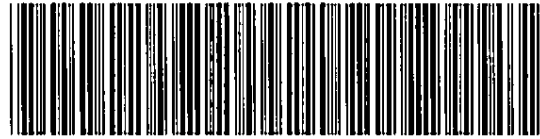
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400313310574

05/15/18--01011--002 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 16 PM 1:32

N COOPER
MAY 17 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Purple Conch 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:

Kristin McLaughlin

Name of Person

Purple Conch LLC

Firm/Company

600 Eagle Place

Address

Nokomis, FL 34275

City/State and Zip Code

owner@purpleconch.com

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

For further information concerning this matter, please call:

Kristin McLaughlin

202

550-4066

at ()

Name of Person

Area Code

Daytime 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)

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**

Purple Conch 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 January 9, 2018 and assigned Florida document number L18000008259.

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)

600 Eagle Place

Nokomis, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 Eagle Place

Nokomis, FL 34275

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 16 PM 1:33

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: Kristin McLaughlin

New Registered Office Address: 600 Eagle Place

Enter Florida street address


Nokomis, Florida 34275

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>
AMBR	National Safe Harbor Exchanges	60 E. Rio Salado Parkway, Ste. 110	<input type="checkbox"/> Add
		Tempe, AZ 85281	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kristin McLaughlin	600 Eagle Place	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34275	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 MAY 16 PM 1:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 16 PM 1:32

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.

Dated 5-11-2018

Signature of a member or authorized representative of a member

Typed or printed name of signee