

L8000 154592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

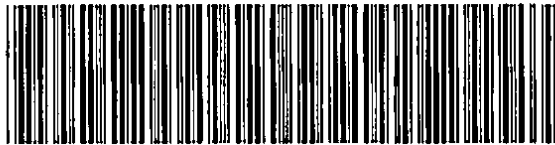
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100319457761

10/19/18--01015--018 **25.00

RECEIVED
10/30/18

10/30/18 DS

TO: Registration Section
Division of Corporations

SUBJECT: PASSION FRUIT PARTNERS 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:

KYLE PATRICK MULLIGAN
Name of Person

PASSION FRUIT PARTNERS LLC
Firm/Company

7132 LEMURIA CIR APT 804
Address

NAPLES, FL 34109
City/State and Zip Code

KYLE PATRICK MULLIGAN @GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE PATRICK MULLIGAN at (248) 915-0227
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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JUN 10 2008

**ARTICLES OF ORGANIZATION
OF**

PASSION FRUIT PARTNERS 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 06/25/2018 and assigned Florida document number L8000154592.

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

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

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|--------------------------------|---|
| <u>MGR</u> | <u>KYLE PATRICK MULLIGAN</u> | <u>7132 LEMURIA CIR APT804</u> | <input checked="" type="checkbox"/> Add |
| | | <u>NAPLES, FL 34109</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>DOMINIQUE DRIESEN</u> | <u>7132 LEMURIA CIR APT804</u> | <input checked="" type="checkbox"/> Add |
| | | <u>NAPLES, FL 34109</u> | <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 |

