Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001952893)))



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To:	Division of Co	roorations			
		: (850)617-6383			
From:					
		: LEGALZOOM.COM	INC.		
		120010000062			
	Phone Fax Number	: (323)962-8600 : (323)962-3889			
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Electronic Filing Menu

Corporate Filing Menu

Help

TO: Registration Section

COVER LETTER

Div	Ision of Corp	porations				
PROMPT ARRIVAL TRUCKING LLC						
SUBJECT:		Name of Lim	ited Liability Company	-		
The enclosed	Articles of a	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company	•		
		101 N. Brand Blvd., 11t	h Floor			
			Address			
		Glendale, CA 91203				
			City/State and Zip Code			
		williamhwatson1007@ya				
		F-mail address: (to be used for future annual report notif	fication)		
For further is	nformation c	oncerning this matter, please c	all:			
Cheyenne	Moseley		800 773-0888 e.	xt. 9724		
	Name o	f Person	Area Code Daytinu	e Telephone Number		
Enclosed is a	a check for th	e following amount:				
□ \$ 25.00 F	Filing Fec	□ \$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

PROMPT ARRIVAL TRUCKING 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 07/30/2018 and assigned Clorida document number L18000182612 This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Vers With Purpose LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L1_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 Florido street address
, 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 um 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.

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>litte</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Add
			□ Remove
			Add
			☐ Remove
			
			Add
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		· · · · · · · · · · · · · · · · · · ·	
			□ Add
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. If amending any other information, enter change(s) bere: (Attach additional sheets,	if necessary.)
	• • • • • • • • • • • • • • • • • • • •
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 the date this document is filed by the Florida Department of State)	(optional) 0 days after
Dated June 19 , 2019.	
Will har	
Signature of a member or authorized representative of a member	
William Watson	
Typed or printed name of signec	

Page 3 of 3

Filing Fee: \$25.00