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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURPLE HALLO 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:

MAYRA L ALVEAR

Name of Person

PURPLE HALLO LLC

Firm/Company

10222 N Valle Drive

Address

Tampa Florida 33612

City/State and Zip Code

pulsemom49@gmail.com

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

For further information concerning this matter, please call:

Mayra L. Alvear

863

259 9286

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 HALO 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 09/24/2018 and assigned Florida document number L18000225836.

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)

10222 N valle Dr

Tampa Florida 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10222 N Valle Dr

Tampa Florida 33612

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:

MARTHA P PATARROYO

New Registered Office Address:

730 SOUTH STERLING AVENUE

Enter Florida street address

TAMPA

City

Florida 33609

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.

Martha P Patarroyo

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	IRIZARRY BRENDA M	5220 BAYSHORE BLVD	<input type="checkbox"/> Add
		TAMPA FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TAMPA, FLORIDA

19 JUL 29 AM
STATION
FALL 1968

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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 07-26-2019
Mayra L. Alvarez
 Signature of a member or authorized representative of a member

MAYRA I. ALVEAR

Typed or printed name of signee