18000229661

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	(COVER LETTER		
TO: Registration So Division of Co	ection rporations			
PURSLEP	LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
	ondence concerning this matter			
	JONATHAN FEDELE			TALLS F
	PURSLEP, LLC	Name of Person		FILED MINOV 26 MH 8: UI
	55 SE 2nd AVENUE, SUI	Firm/Company FE 308		CC 318
	DELRAY BEACH, FLOR	Address		
		City/State and Zip Code		
	JON.FEDELE@PURWELI	o be used for future annual report notif	ication)	
For further information (concerning this matter, please ca			
JONATHAN FEDELE		954 907-1800		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy (s enclosed)	Certified	e of Status &
	ANG ADDRESS: tration Section	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURSLEP, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I. Florida document number <u>L18000229667</u>	.iability Company	were filed on	2018 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liab	<u>pility company here</u> :	
PURWELL, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the design	ation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if appli	cable:	SAME	
(Principal office address MUST BE A STREE	E <u>T ADDRESS)</u>		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE</u> B. If amending the registered agent and <u>registered agent and/or the new registered o</u>	l/or registered o	office address on ou re:	r records, enter the nameof the new
Name of New Registered Agent:	JONATHAN	FEDELE	~
New Registered Office Address:	55 SE 2nd AV	ENUE, SUITE 308	
<u></u>		Enter Florida s	treet address
	DELRAY BE/	ACH	, 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.

Fall

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

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<u>Title</u>	Name	Address	Type of Action
			Add
			Change
			🗖 Add
		. <u> </u>	Tori Bichange
		<u>_</u>	Endd T
			🖸 Add
			Remove
			Change
			🛛 Add
			Change
			🖸 Add
		Remove	
			Change

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

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	o
	THE LAST CONTRACT OF THE STATE
<u> </u>	
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the date if other then the date of filters.	

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 _____

2018

Managene i Steretary

JONATHAN FEDELE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00