

L19000085904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

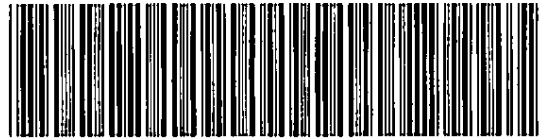
(Business Entity Name)

(Document Number)

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TALAMON, KY

PRUCE  
AUG 15 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Adaptive Marketing Group, 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:

Kim Purnell

\_\_\_\_\_  
Name of Person

Adaptive Marketing Group, LLC

\_\_\_\_\_  
Firm/Company

898 Glendale Ave NW

\_\_\_\_\_  
Address

Palm Bay, FL 32907

\_\_\_\_\_  
City/State and Zip Code

kpurnell@outlook.com

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

For further information concerning this matter, please call:

Kim Purnell

321 7290138  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE OF FLORIDA  
TALLAHASSEE

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Adaptive Marketing Group, 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 03/28/2019 and assigned  
Florida document number L19000085904.

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)**

Kim Purnell

898 Glendale Ave. NW

Palm Bay, FL 32907

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Kim Purnell

898 Glendale Ave. NW

Palm Bay, FL 32907

**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:

Kim Purnell

New Registered Office Address:

898 Glendale Ave. NW

*Enter Florida street address*

Palm Bay

*City*

, Florida

32907

*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         | Kim Purnell                    | 898 Glendale Ave NW, Palm Bay, FL 32907            | <input type="checkbox"/> Add               |
|              |                                |  | <input type="checkbox"/> Remove            |
|              |                                |  | <input checked="" type="checkbox"/> Change |
| AMBR         | George Mellendorf              | 3501 Del Prado Blvd Ste. 205 Cape Coral, FL 33904  | <input type="checkbox"/> Add               |
|              |                                |  | <input checked="" type="checkbox"/> Remove |
|              |                                |  | <input type="checkbox"/> Change            |
|              | Central States Insurance, Inc. | 3501 Del Prado, Blvd Ste. 205 Cape Coral, FL 33904 | <input type="checkbox"/> Add               |
|              |                                |  | <input checked="" type="checkbox"/> Remove |
|              |                                |  | <input type="checkbox"/> Change            |
| AMBR         | Beverly Purnell                | 898 Glendale Ave. NW, Palm Bay, FL 32907           | <input checked="" 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            |

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

George Mellendorf and Central States Insurance Inc. to be removed as registered agent and other.

Kim Purnell as Registered Agent/ President 898 Glendale Ave. Palm Bay, FL 32907

Beverly Purnell, VP (AMBR) 898 Glendale Ave. Palm Bay, FL 32907

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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 7/29/2021, \_\_\_\_\_



Signature of a member or authorized representative of a member

Kim Purnell

Typed or printed name of signee