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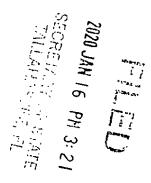
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COVER LETTER

то:	Registration Sect Division of Corpo			
SUBJ	ect: <u>Pur P</u>	LE PROCESSIN Name of Lim	G LLC ited Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		JOHN BROCK	Z-EOGAR Name of Person	
		PURPLE PROCES	SING & TAX SERVI	CES LLC
		7575 Dr PHIL	LIBBLUD, SUITE 27	<i>1</i> S
			CRIDA, 32819, U City/State and Zip Code rpleprocessing. C to be used for future annual report notif	
For fu	rther information con	cerning this matter, please ca	all:	
	OHN BLOC Name of F	K-EOGAR Person	at (<u>407</u>) <u>953 –</u> Area Code Daytime	9034 Telephone Number
Enclos	sed 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURPLE PROCESSING LLC

(Name of the Limi	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on July 15, 20	O19 and assigned
This amendment is submitted to amend the following	-	çs 2
A. If amending name, enter the new name of PURPLE PROCESSING A	ND TAX SERVICES LLC	2020 JAN SHURREST
The new name must be distinguishable and contain the vector new principal offices address, if applied	words "Limited Liability Company," the designation "LLC" o	or the abbreviation L.L.C.
(Principal office address MUST BE A STREI	ET ADDRESS)	22 <u>22 22 22 22 22 22 22 22 22 22 22 22 </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter th</u> ess here:	e name of the new registered
Name of New Registered Agent:	JOHN BROCK-EDGAR	
New Registered Office Address:	7575 De Phillips BlvD, Si Enter Florida street address	ire 275
	ORLANDO Flori	ida <u>32819 </u>

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.

City

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>	Address	Type of Action
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			Remove
		<u> </u>	□Change
			□Add
			□Remove
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Filing Fee: \$25.00