

49000216436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

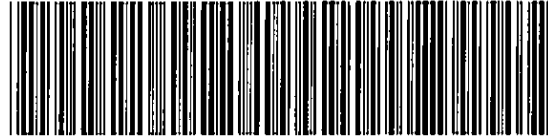
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 FEB 11 PM 4:20

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAMPUS TECHNOLOGIES, 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:

ALETHEA PUGH

Name of Person

REBELLIOUS VINE BOUTIQUE & STUDIO

Firm/Company

P.O. BOX 2102

Address

HAINES CITY, FLORIDA 33845

City/State and Zip Code

APUGH1@RVSB.COM OR PUGH.ALETHEA@GMAIL.COM

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

For further information concerning this matter, please call:

ALETHEA PUGH

863 254-8017
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

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

CAMPUS TECHNOLOGIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS
2020 FEB 11 PM 4:20

The Articles of Organization for this Limited Liability Company were filed on 9/1/2019 and assigned
Florida document number L19000216436.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE PEARL FACTOR, LLC

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)

2118 NAVEL CIRCLE SO

HAINES CITY, FLORIDA 33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 2102

HAINES CITY, FLORIDA 33845

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:

Alethea Pugh

New Registered Office Address:

2118 NAVEL CIRCLE SO

Enter Florida street address

HAINES CITY

City

, Florida 33844

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.

Alethea Pugh
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>
PRES	ALETHEA PUGH	2118 NAVEL CIRCLE SO	<input type="checkbox"/> Add
		HAINES CITY, FLORIDA 33844	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VPRES	DOMINIQUE PUGH	2118 NAVEL CIRCLE SO	<input checked="" type="checkbox"/> Add
		HAINES CITY, FLORIDA 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	REBELLIOUS VINE BOUTIQUE	2118 NAVEL CIRCLE SO	<input checked="" type="checkbox"/> Add
		HAINES CITY, FLORIDA 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLIFTON BERNARD	2118 NAVEL CIRCLE SO	<input checked="" type="checkbox"/> Add
		HAINES CITY, FLORIDA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRYSTAL DICKEY	2118 NAVEL CIRCLE SO	<input type="checkbox"/> Add
		HAINES CITY, FLORIDA 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1. We are changing the business name to reflect The Pearl Factor, LLC

2. We are changing the title of Alethea Pugh to reflect PRES

3. We are adding Dominique Pugh as VPRES

~~4. We are adding Rebellious Vine Boutique & Studio as Registered Agent~~

5. We are adding Clifton Bernard as MGR

6. We are REMOVING Crystal Dickey as MGR

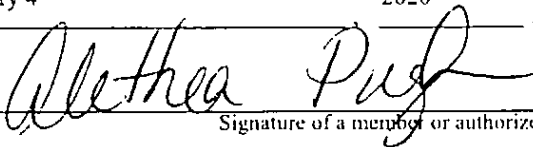
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 February 4, 2020



Signature of a member or authorized representative of a member

Alethea Pugh

Typed or printed name of signee

Filing Fee: \$25.00