

L20 000129769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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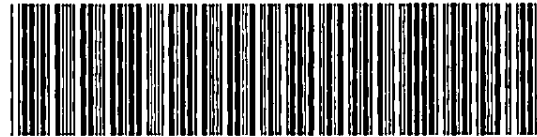
(Business Entity Name)

(Document Number)

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FILED
2020 MAY 26 AM 6:40

JUN 15 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PurpleNoodleHut LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Kimi Luong
Name of Person

PurpleNoodleHut LLC
Firm/Company

355 Scotland St.
Address

Durand, FL 34698
City/State and Zip Code

kimluong6@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Kimi Luong at 727 614-2953
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee

☒ \$50.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certificate of Status
(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 Noodle Hat 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 5/18/20 and assigned

Florida document number L2000-0129769

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address

Enter Florida street address

City, Florida 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 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>
MGR	Kim Luong	355 Scotland St. Dunedin, FL 34698	☒ Add ☐ Remove
			☐ Change
MGR	Anthony Garcia	912 Lakewood Dr. Dunedin, FL 34698	☐ Add ☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

[illegible]

5/18/20

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.

Dated May 18, 2020

Kimi Luong
Typed or printed name of signer

Filing Fee: \$25.00