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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Se Division of Cor					
		ALL PURE	POSE ATMS, LLC			
SUBJE	CT:	Name of Limi	ted Liability Company			
The end	dosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please i	return all correspo	ndence concerning this matter	to the following:			
		Amanda L. Barton, Esq.				
			Name of Person			
The Law for All, P.A.						
	Firm/Company					
	200 E. Broward Blvd., Stc. 1320					
			Address			
			Fort Lauderdale, FL 33301			
			City/State and Zip Code			
			bogleakeem0@gmail.com			
		E-mail address: (to be used for future annual report noti	fication)		
For fur	ther information e	oncerning this matter, please ca	all:			
Amanda L. Barton, Esq.		754 300-7149				
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclose	ed is a check for t	he following amount:				
■ \$2.	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

شة

	TT 7 .1
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	R-L
The Articles of Organization for this Limited Liability Company were filed on	and as ned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	abbreviation "L.IC."
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 na agent and/or the new registered office address here:	me of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florida	Zio 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>	Address	Type of Action
AMBR	BOGLE, AKEEM	476 SW 147TH AVENUE	ΞŅdd Ξ.
		PEMBROKE PINES, FL 33027	Zydd W. H. Remove
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. February 19th 2021 Dated ____ Signature of a member or authorized representative of a member Amanda L. Barton, Esq. Typed or printed name of signee

Filing Fee: \$25.00