

L210000 74262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

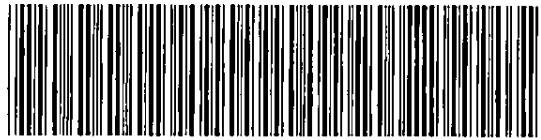
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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TALLAHASSEE, FL

R. HUNT
01/08/24

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/08/2024
Acc#I20160000072

en: c DW

| | |
|-------------|-----------------------|
| Name: | Purview Solutions LLC |
| Document #: | |
| Order #: | 15301084 - 5 |

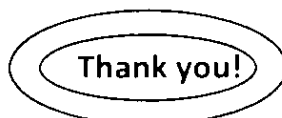
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|-----------------------------------|--------------------------|--|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | ENTITY TRYING TO <u>REMOVE</u> ALL OFFICERS, | |
| Plain Copy: | <input type="checkbox"/> | | |
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| Certified Copy of | <input type="checkbox"/> | AS DOMESTIC LLCs ARE NOT REQUIRED TO LIST AUTHORIZED PERSONS | |
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Email Address for Annual Report Notifications:

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| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

| | |
|------------|-------|
| Amount: \$ | 25.00 |
|------------|-------|



LED
JAN 11 - 8 PM 3:25
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purview Solutions 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:

Christina Giza

Name of Person

Ice Miller LLP

Firm/Company

200 West Madison Street, Suite 3500

Address

Chicago, Illinois 60606

City/State and Zip Code

Christina.Giza@icemiller.com

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

For further information concerning this matter, please call:

Christina Giza

312 at ()

705-6027

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

FILED
JAN 10 2011
TALLAHASSEE, FL
PM 3:25

FILED

E1055-12/16/2021 Wolters Kluwer Online

- 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 | Richard E. Stanley | 1751 Bayview Dr | <input type="checkbox"/> Add |
| | | New Smyrna Beach, Florida 32316 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Frank Capadona | 8 Circle Creek Way | <input type="checkbox"/> Add |
| | | Ormond Beach, Florida 32174 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Edu Stuiwenber | 16230 W. Course Dr. | <input type="checkbox"/> Add |
| | | Tampa, Florida 33624 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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JAN 10 2021
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 JAN 9 PM 3:25
OFFICE OF THE STATE
CLERK, FL

JD

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 January 8, 2024

DocuSigned by:
Tom Shaw

37CE0F84626E46F

Signature of a member of the _____ representative of a member

Tom Shaw

Typed or printed name of signer