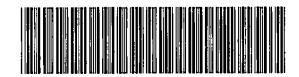
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A. RAMSEY MAR 15 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Purple Bock ASSOCIATION 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:	
Queen B, Reterkin	
The Purple Book Associ	ation LU_
3621 E Hanna Av	<u>e</u>
Tampa, FL 33610 City/State and Zip Code	
Peler King agmail: Con E-mail address: (tobe wed) in future annual rep	ort notification)
For further information concerning this matter, please call:	
Willen B. Hefer Kin at (813) He Area Code	47-6935 Daytime Telephone Number
Enclosed is a check for the following amount: D \$25.00 Filing Fee D \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Division of The Central 2415 N. M.	on Section of Corporations of Tallahassee Monroe Street, Suite 810 ee, FL 32303

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2823 JAN -5 AM 9: 45

OF SECRETARY OF STATE INLI AHASSEE, FLORID.

The Puplebook (Name of the Limited Liability Comparing CA) Florida Limited L.	Association LLC. (In as it now appears on our records.) (Itability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ10000 85 08 5</u> .	no liale ai
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabing of the limited liabing of the new name must be distinguishable and contain the words "United Liability of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	(
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BON)</u> B. If amending the registered agent and/or registered office a	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
	, Florida
	Cuy Zıp 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:

or remov	ved from our records:			
MGR =	Manager			
AMBR =	= Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ □Remove
			□Change
			□Add
			□Remove
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Note:	ve date, if other than the date of filing:)7 (3 is th
ie recoi ord is fi	I 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 ed.	ď
Dated	December 23, 2022	
	Jule B. Retuking Signature of a member or authorized representative of a member	
	Queen B. Referkin	

Filing Fee: \$25.00