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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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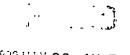
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COVER LETTER

SUBJECT: Devoted By Purpose Elopments LLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Denetrice Daughtry Name of Person Devoted By Purpose Elopements LLC Firm/Company 514 N 10th St Address Fort Pierce, FL 34950	
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Denetrice Daughtry Name of Person Devoted By Purpose Elopements LLC Firm/Company 514 N 10th St Address Fort Pierce, FL 34950	
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Firm/Company 514 N 10th St Address Fort Pierce, FL 34950	
Address Fort Pierce, FL 34950	
Address Fort Pierce, FL 34950	
Fort Pierce, FL 34950	
City/State and Zip Code	
denetricedaughtry@yahoo.com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Denetrice Daughtry 772 200-5993	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	tus &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 20 AN 7:51

Devoted By Purpose Elopements 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 April 5th, 2021 ____ and assigned Florida document number L21000156096 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Devoted By Purpose 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) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

_, Fłorida ___

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>	Name	Address	Type of Action
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ective date, if other than t	May	22nd, 2022	4 ^ *	18
n effective date is listed, the date n	must be specific and cannot	be prior to date of filing of	or more than 90 days after	filing.) Pursuant to 605.020
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