# L22 000 317 286

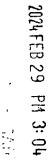
(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(1.00	u. u	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(33	omioso Emily man	,
		_
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	rining Officer.	
		<u></u>

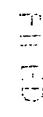
Office Use Only



100424625301

00.729 24--01011--084 \*\*80.00





### **COVER LETTER**

Division of Cor			
SUBJECT: Pa	SSION TO PO	iv pose Custor ited Ciability Company	ms, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
. read return an our expo			
		Jordan Smith	
	_CorFirma	Solutions LL Firm/Company	<u>C</u>
	PO BO>	( 600581 Address	
	Saint Jol	ONS, FL 3220 City/State and Zip Code	o D
		ions@corfirme	
For further information c	oncerning this matter, please co	ıll:	
Jorda	O '	at ( <u>GDH</u> ) <u>274</u> -   Area Code Daytime	1915
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Passion To Purpose			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	nability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 122000317286.	were filed on 07/18/2022	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
CorFirma Solutions The new name must be distinguishable and contain the words "Limited Liabile"	ity Company," the designation "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applicable:	7643 Gate -	Parkwa	
(Principal office address MUST BE A STREET ADDRESS)	Stite 104-1		<u> </u>
	Jacksonville,	(3	32256)
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the na		registered
		<b>2</b> 024 FE8	***
Name of New Registered Agent:		EB 2	<u> </u>
New Registered Office Address:		9	k-m4-m <sup>2</sup>
	Enter Florida street address	P	<del></del>
	, Florida	<u>့</u> ယူ	
	City	, 41p C <u>o</u> ac	

### 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
<del></del>			
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Change
			□Adđ
		·	□Remove
			□ Change

# Page 2 of 3

						<del>-</del>		<u> </u>
						<u> </u>		
								<del>.</del>
<del></del>						<u> </u>		
						<del></del> _		
					<del></del>			
	<del></del>						<u></u>	
ffective date	e, if other tha	in the date o	f filing:		ate of filing or me	(	optional)	
					ate of filing or me statutory filing			
	fective date on							
				, but not a	n effective ti	me, at 12:	01 a.m. on	the earlier
	jay after th	e recora is	riiea.					
The 90th o								
The 90th o			<del></del> -					
The 90th o			rdan	Imi'l				
e record sp The 90th o		Signatu	re of a ment		L d representative of			

Page 3 of 3

Filing Fee: \$25.00