L22000415194

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GEFARTMENT OF STATE OF STATE OF STATE OF CORPORATIONS FALLAHASSEE, FLORIDA

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A. PARISHANI DEC 0 2 2023

COVER LETTER

TO:	Registration Se Division of Cor		·	· •		,
CHDIE		FUL EXPRESSIONS LLC				
Name of Limited Liability Company						2023 OCT
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		ARTHEN ON OF CO AHASSE	CT 13
Please r	eturn all correspo	ondence concerning this matter	to the following:		T OF ST DRPORA	AMIC
		DARRYL R MADEWELI	L CPA		ATIONS	AM 10: 53
			Name of Person		•	
		BMJ CPA PLC				
			Firm/Company		•	
		1326 S Ridgewood Ave St	el8			
	Address DAYTONA BEACH FL 32114					
			City/State and Zip Code		•	
		DARRYL@BMJCPA.CON	A to be used for future annual report notific	ration		
For furt	her information c	oncerning this matter, please co	·	cauon)		
DARR	YL R MADEWE	LL CPA	386 253-6851			
	Name o	f Person		Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$25	6.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status	
	Mailing Addres		Street Address:			
Registration Section Division of Corporations			Registration Sect Division of Corp			
P.O. Box 6327		•	The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 13 AN IO: 53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
DIVISION OF CORPORATION OF CO

PURPOSEFUL EXPRESSIONS 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 Li		22/2022 and assigned
Florida document number L22000415194	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company." the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or r	egistered office address on our re	ecords, enter the name of the new registered
agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:	190 HIDDEN HILLS DR Enter Flor	ida street address
	ORMOND BEACH	, Florida 32174
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	KINETIC EXPRESSIONS DANCE	3100 S RIDGEWOOD AVE 200	
		SOUTH DAYTONA FL 32119	≣Remove
			□Change
MGR	PURPOSE ACADEMY OF FINE /	3100 S RIDGEWOOD AVE 200	
		SOUTH DAYTONA FL 32119	■Remove
			Change
MGR	SHARON M DRAPER	3100 S RIDGEWOOD AVE 200	≣ Add
		SOUTH DAYTONA FL 32119	□ Remove
			□ Change
MGR	CRYSTAL J DRAPER	3100 S RIDGEWOOD AVE 200	= Add
		SOUTH DAYTONA FL 32119	Remove
			Change
			ZAMO TO SEPARTIAN CONTROL CONT
			moš 🚐
			C. FLORIDA
			□Remove
			Change

D. II and	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff Note:	ive date, if other than the date of filing:	
record is fil		e
Dated	10/c/23	
	Signature of a member desauthorized representative of a member	
	CRYSTAL J DRAPER, MGR	

Filing Fee: \$25.00

Typed or printed name of signce