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| (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 12/12/2201006014 **25.00 | | |
| (Business Entity Name) (Document Number) | 2/24/23 VIN | | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | AMIO: 37 | | |
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Office Use Only

COVER LETTER

| TO: Registration So Division of Cor | | , | |
|----------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| | | ¢' | <i>*</i> |
| SUBJECT: Purple Pe | eople Limited Liability Cor | poration | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Amanda Klarsfeld | | |
| | | Name of Person | |
| | Purple People | | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 2101 NE 24 Street | | |
| | <u> </u> | Address | |
| | Wilton Manors, FL 3 | 33305 | |
| | | City/State and Zip Code | |
| | amandaklarsfeld@yah | oo.com | |
| | E-mail address: (| to be used for future annual report not | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Amanda Klarsfeld | | at (954 ₎ 471-426 | 52 |
| Name o | f Person | Area Code Daytim | ne Telephone Number |
| Enclosed is a check for the | 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 Addres | | Street Address: | ction |
| Registration S Division of C | | Registration Se Division of Cor | |
| P.O. Box 632 | | The Centre of T | - |
| Tallahassee. I | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Purple People Limited Liability Corporation

| (Name of the Limited Liability Comp (A Florida Limited | nany as it now appears on our records.) Liability Company) | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L22000505489</u> . | y were filed on NOV 30, 2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| Purple People, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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) | | 7022 DEC 2 |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the n | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = 3 AMBR = | Authorized Member | | |
|-------------------|-------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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