## L73000149441

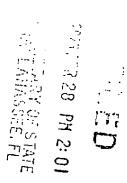
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R. HUNT 04/28/23

## **COVER LETTER**

TO: Registration Section Division of Corporations	4
SUBJECT: The Purp	Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	Jenniter McBurker Name of Person
	Firm/Company
	8253 Penwood Dr.
	Port Richey, FL 34108 City/State and Zip Code
76	Port Richey, FL 34do8  City/State-and Zip Code  ennifer Bunker. Homes Edman. Com  E-mail address: (to be used for future annual report abolication)
For further information concerning the	is matter, please call:
Jennifer Burke	at (721) 859-7939 Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Gertified Copy tadditional copy is enclosed)  Certified Copy tadditional copy is enclosed)  Certified Copy tadditional copy is enclosed)
Mailing Address: Registration Section Division of Corporation	Street Address:  Registration Section  Division of Corporations

P.O. Box 6327

. .

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Purple Phoenix Group, LL

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

orida document number <u>L23 000149441</u>		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here	<u>e</u> :
Jennifer M. Bunker LLG e new name must be distinguishable and contain the words "Limited Lia	<u> </u>	
e new name must be distinguishable and contain the words "Limited Lia	ability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)	, <del></del> _	
		<u>.</u>
iter new mailing address, if applicable:		15 PS 15
tailing address MAY BE A POST OFFICE BOX)		29 - 177
		(Ho) = -
		7. O. :
If amending the registered agent and/or registered offic	e address on our rec	ords, enter the name of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	City	, 1 10/11044

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			Remove
			☐ Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_ \_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member of authorized representative of a member Jennifer muRunter Typed or printed name of signee

Filing Fee: \$25.00