Division of Corporations

# Torida Department of Stare

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003898273)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : T20010030062

Phone : (323)962-3600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PURPLEPROTECTOR LLC

Certificate of Status	0
Certified Copy	11
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

S. ROTTRIS

NOV 14 2023

To:

### **COVER LETTER**

TO:	Registration Division of C	orporations		
enon	PURPLE	PROTECTOR LLC		
SUBJI	.CI:	Name of Li	mited Liability Company	
The en	closed Articles (	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matte	r to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Fint/Company	
		101 N Brand Blvd 11th F	I	
			Address	<del></del>
		Glendale, CA 91203		
		jenniferleereyes@yahoo.cc	City/State and Zip Code	
		E-mail inddress:	(to be used for future annual report noti	ication)
For furt	her information	concerning this matter, please of	rall:	
Сћеуел	ine Moseley		800 773-0888	
	Name	of Person	at ()	: Telephone Number
Enclose	d is a check for	the following amount:		
□ <b>\$</b> 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURPLEPROTECTOR LLC		
(Name of the Limited Liability Comp. (A Florida Limited	uny as it now appears on our records.) Liability Company)	···
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000463378</u>	were filed on 10/09/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Purple Protector LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21195 HELMSMAN DR. F14	
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL 33180	
		1-3
Enter new mailing address, if applicable:	21195 HELMSMAN DR. F14	
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA, FL 33180	•
		· .
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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
AMBR	JENNIFER L. REYES		<b>-</b> Add
		OLIGE DELACTION DE CALABITATION DE	Remove
		21195 HELMSMAN DR F14 AVENTURA, FL 33180	Change
		<u>.                                    </u>	
			🗆 Remove
			Change
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			🗆 Remove
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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 605.020'  Note: If the date inserted in this block does not meet the applicable starutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.		
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Page 3 of 3

Filing Fee: \$25.00