## N20000001596

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

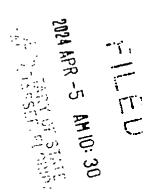
Office Use Only



400427017284

NIC Amend

14 /03 /14- - 11 320--- 105 \*\* 35 %



A. RAMSEY APR 30 2024

## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

PURPLE CITY PR NAME OF CORPORATION:	ROJECT INC		
N20000001596 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	atter to the following:		
ALEX DUCENORD			
	(Name of Contact I	Person)	
PURPLE CITY PROJECT INC			
	(Firm/ Compar	ny)	
455 NE 5TH AVE #421			
	(Address)		
DELRAY BEACH, FL, 33483			
	(City/ State and Zip	Code)	
ALEXDUCENORD@GMAIL.COM			
E-mail address: (to be us	ed for future annual re	port notification	n)
For further information concerning this matter, please	se call:		
ALEX DUCENORD	а	561 1	541-2686
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sectivision of Corp he Centre of 1	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

PURPLE CITY PROJECT INC

2024 APR -5 AM 10: 30

(Name of Corporation as currently filed with th	e Florida <b>(</b>	Dept. of State)	ا العالم العلام الوارات والمساون في العالم
N20000001596			GENTERARY DESI. TAIL NHASSEE, FLIT
(Docur	nent Numb	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporat	ion:	
GET LOUD FOUNDATION INC			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	•	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	able:	455 NE 5TH AVE #42	1
(Principal office address MUST BE A STREET A		) DELRAY BEACH, FI	. 33483
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	455 NE 5TH AVE #4	21
		DELRAY BEACH, FI	. 33483
D. If amending the registered agent and/or reginew registered agent and/or the new register			enter the name of the
Name of New Registered Agent:	ALEX D	UCENORD	
<u> </u>	455 NE 5	TH AVE #421	
New Registered Office Address	:	(Flo	uda street address)
	DELRAY	' BEACH	, Florida 33484
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent			he obligations of the position.
-	Si	ignature of New Registe.	red Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add			
Remove			
2) Change Add			
Remove 3 ) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
<u> </u>	<u> </u>		·

	·	
		<del></del>
		<del></del>
The date of each amendment(s) add date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, thi artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the ame	ndment(s)

Date	3/19/2024 ed
Sigr	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ALEX DUCENORD
	(Typed or printed name of person signing)

(Title of person signing)