

L19 000 137904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

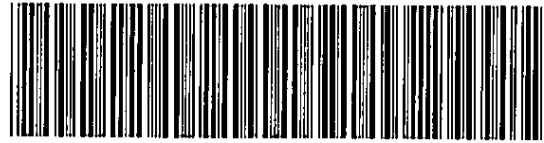
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2021 JUN 17 AM 11:24

U.S. DEPARTMENT OF THE TREASURY

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PURGANIC LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRY M SAMUELS  
Name of Person  
REGISTERED AGENTS OF SOUTH FLORIDA INC  
Firm/Company  
2901 STIRLING ROAD #307  
Address  
FT LAUDERDALE, FL 33312  
City/State and Zip Code  
HARRY@SAMUELSACCOUNTING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRY M SAMUELS  
Name of Person  
954 966-1350  
at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUN 17 AM 11:28

11:28 AM

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

PURGANIC 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 Liability Company were filed on 05/22/2019 and assigned Florida document number L19000137904.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7580 NW 5TH STREET-SUITE 17302

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33318-8495

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HARRY M SAMUELS

New Registered Office Address:

2910 STIRLING ROAD-SUITE 307

*Enter Florida street address*

FT LAUDERDALE

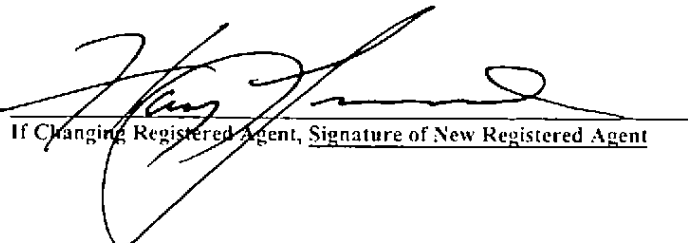
, Florida 33312

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID H SCHINDLER	7580 NW 5TH STREET-#17302	<input type="checkbox"/> Add
		PLANTATION, FL 33318-8495	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MATTHEW J SCHINDLER	7580 NW 5TH STREET-#17302	<input type="checkbox"/> Add
		PLANTATION, FL 33318-8495	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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.

2021 JUN 11 A 11:24

Dated JUNE 11 2021

*David H Schindler*

Signature of a member or authorized representative of a member

DAVID H SCHINDLER, MANAGER

Typed or printed name of signee