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COVER LETTER

TO: Registration Section

PURE SPOT, 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: MOHANAD ABU-SAFIAH	Divi	ision of Cor	porations						
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MOHANAD ABU-SAFIAH	CUD IF OF	PURE SPO	T, LLC						
Please return all correspondence concerning this matter to the following: MOHANAD ABU-SAFIAH	SUBJECT:		Name of Lim	nited Liability Company	<u>.</u>				
Please return all correspondence concerning this matter to the following: MOHANAD ABU-SAFIAH									
MOHANAD ABU-SAFIAH Name of Person	The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.					
PURE SPOT, LLC Firm/Company 4125 KNOLLPOINT DR. Address WESLEY CHAPEL, FL 33544 City/State and Zip Code TAXACT99@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOHANAD ABU-SAFIAH Name of Person Area Code Securificate of Status Certificate of Status Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations PURE SPOT, LLC Firm/Company Address Registration Section Division of Corporations	Please return	all correspo	ndence concerning this matter	to the following:					
PURE SPOT, LLC Firm/Company 4125 KNOLLPOINT DR. Address WESLEY CHAPEL, FL 33544 City/State and Zip Code TAXACT99@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOHANAD ABU-SAFIAH Name of Person Area Code Daytime Telephone Number S255.00 Filing Fee Certified Copy (additional copy is enclosed) Certificate of Status Mailling Address: Registration Section Division of Corporations PRESENTATION Section Division of Corporations			MOHANAD ABU-SAFIA	ч					
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### Address WESLEY CHAPEL, FL 33544 City/State and Zip Code TAXACT99@YAHOO.COM TAXACT			PURE SPOT, LLC						
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WESLEY CHAPEL, FL 33544 City/State and Zip Code TAXACT99@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOHANAD ABU-SAFIAH Name of Person Area Code Daytime Telephone Number S20 Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			4125 KNOLLPOINT DR.						
TAXACT99@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MOHANAD ABU-SAFIAH Name of Person Name of Person Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations S27 Registration Section Division of Corporations	Address								
MOHANAD ABU-SAFIAH Name of Person Name of Person Name of Section Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Resistration Section Division of Corporations Resistration Section Division of Corporations Page 1813			WESLEY CHAPEL, FL 3	3544					
MOHANAD ABU-SAFIAH Name of Person Name of Person Name of Section Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Resistration Section Division of Corporations Resistration Section Division of Corporations Page 1813			·	City/State and Zip Code	2021 SEC TA				
MOHANAD ABU-SAFIAH Name of Person Name of Person Name of Section Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Resistration Section Division of Corporations Resistration Section Division of Corporations Page 1813			-		AUG PLO				
Enclosed is a check for the following amount: \$\begin{align*} \text{Solo} \text{Filing Fee} & \text{Solo} \text{Solo} \text{Solo} \text{Filing Fee} & \text{Solo} \text{Solo} \text{Solo} \text{Filing Fee} & \text{Certificate of Status} & \text{Certified Copy} & ce	E C 4 1			•	tification) 20				
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S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)		Name of	Person	Area Code Daytir	me Telephone Number				
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	Enclosed is a	check for th	e following amount:						
Registration Section Registration Section Division of Corporations Division of Corporations	■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy				
Division of Corporations Division of Corporations					ection				
P.O. Box 6327 The Centre of Tallahassee				Division of Co	-				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810									

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURE SPOT, LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Cor	y appears on our records.) npany)
Γhe Articles of Organization for this Limited Liability Company were filed	1 on 04/14/2020 and assigned
Florida document number L20000103204	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," 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:	2021 A SECH TAL
Mailing address MAY BE A POST OFFICE BOX)	D 00 2
	> 0 : 0 : 70 : 11
	[1] DE 1984
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Er	nter Florida street address

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.

City

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>	Name	Address	Type of Action
AMBR	JABER, OMAR	6216 90TH AVENUE CIR. EAST	
		PARRISH, FL 34219	■Remove
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f an effective date is Note: If the date i	other than the dat listed, the date must be a nserted in this block a ve date on the Depar	specific and cal does not mee	t the applica	o date of filing ble statutory	or more than 9 filing require	(option 0 days after fil ments, this d	al) ing.) Pursuar	nt to 605	5.0207 ed as
e record specifies and is filed.	delayed effective date	te, but not an	effective tin	ne, at 12:01 a	.m. on the ea	lier of: (b)	The 90th d	ay after	r the
	7		2021	_ •					
Dated AUGUST 1	11	181	<i>-</i>						