Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PURE FRESH LLC

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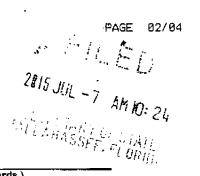
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K.SALY EXAMINER JUL -8 2015 07/07/2015 10:14 5616941639

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



and assigned

Pure Fresh 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

O9/02/2008

Florida document number L08000083143

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liabili	ty Company," 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	

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 Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PALLARES, PABLO G	12781 MIRAMAR PARKWAY MONARCH PRUFESSIONAL BUILDING	Add
		OFFICE 205	■ Remove
		MIRAMAR, FL 33027	Change
Manager	Juan F. Maldonado	12781 MIRAMAR PARKWAY	BAdd
		MONARCH PROFESSIONAL BUILDING OFFICE 205	□ Remove
		MIRAMAR, FL 33027	☐ Change
			Remove
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			CHÂNGE
			Remove
			☐ Change
			□ Add
			C Remove
			Change

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Typed or printed name of signee

Caitlin Lazarus, Attorney-in-Fact

Filing Fee: \$25.00