

LO5000065326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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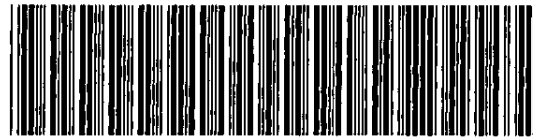
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURE PHARMACEUTICALS, 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:

MONICA SANCHEZ

(Name of Person)

PURE PHARMACEUTICALS, LLC

(Firm/Company)

8100 SW 81ST DRIVE #210

(Address)

MIAMI, FL 33143-6603

(City/State and Zip Code)

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For further information concerning this matter, please call:

MONICA SANCHEZ at ( 305 ) 270-0014 X101  
(Name of Person) (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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**PURE PHARMACEUTICALS, LLC**

(Present Name)  
(A Florida Limited Liability Company)

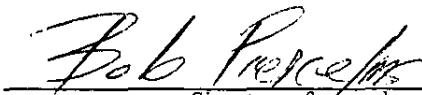
**FIRST:** The Articles of Organization were filed on JULY 01, 2005 and assigned  
document number L05000065326.

**SECOND:** This amendment is submitted to amend the following:

PLEASE CHANGE EXISTING MEMBER FROM PL LABORATORIES, INC TO  
BOB PIERCE ENTERPRISES, INC.

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Dated JUNE 06, 2006



Signature of a member or authorized representative of a member

**BOB PIERCE**

Typed or printed name of signee

**Filing Fee: \$25.00**