

L07000105138

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 1 AM 17

T. HAMPTON

MAR - 2 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purity Health Care Services, 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:

FAYE B Pearce
Name of Person

Purity Health Care Services, LLC.
Firm/Company

4000 38th St South
Address

ST Petersburg FL 33711
City/State and Zip Code

Purityhealthservices@yahoo.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAYE B Pearce at (727) 289-3426
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR -1 AM 10:17

Purity Health Care Services, 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 Oct 16, 2007 and assigned
Florida document number L07000105138

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 end with the words "Limited Liability 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)

Faye R Pearce
4000 38th St South
St Petersburg, FL 33711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Faye R Pearce
4000 38th St South
St Petersburg, FL 33711

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:

Faye R Pearce

New Registered Office Address:

4000 38th St South

Enter Florida street address

St Petersburg

City

Florida

FL 33711

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 608, 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.

Faye R Pearce

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mGRM</u>	<u>Musselwhite James</u>	<u>PO Box 532</u>	<input type="checkbox"/> Add
		<u>Shady Grove, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32357</u>	
<u>mGRM</u>	<u>Faye R Pearce</u>	<u>4000 38th St South</u>	<input checked="" type="checkbox"/> Add
		<u>St Petersburg FL</u>	<input type="checkbox"/> Remove
		<u>33711E</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 1 AM 08 17

Dated February 28th, 2011

Faye R Pearce

Signature of a member or authorized representative of a member

FAYE R PEARCE

Typed or printed name of signee