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Account Number: 976666992140 Phone : (727)461-1818 Fax Number : (727)441-8617

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COVER LETTER

	Registration Secti Division of Corpo			
cup iec	Pure 32, LLC			
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please ret	him all correspond	lence concerning this matter	to the following:	
		Kristina Goldfield		
			Name of Person	
			Firm/Company	
6015 Benjamin Road, Suite 325				
			Address	
		Tampa, Florida 33634		
			City/State and Zip Code	
		stephen@tinastephensgroup		
		B-mail address: (to be used for future annual report	notification)
For furth	er information cor	ocerning this matter, please c	all:	
Patrick 7	Traber		813 225-250 at ()	
	Name of I	Person	Area Code Da	ytime Telephone Number
Enclosed	l 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)
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	Registration Se		Registration	Section Corporations
	Division of Co P.O. Box 6327	-		of Tallahassee
	Tallahassee, Fl			onroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure 32, LLC			
(Name of the Limited L. (A F	lability Compa lorida Limited I	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liabil Florida document number L07000119869	lity Company	were filed on 11/30/2007	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	ility company here:	
TINA Stephens Group, LLC			
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	6015 Benjamin Road, Suite	325
(Principal office address MUST BE A STREET A		Tampa, FL 33634	
1,000,000,000,000			2020 111
			HAR
Enter new mailing address, if applicable:		6015 Benjamin Road, Suite	
5 , 	v)	Tampa, FL 33634	
(Mailing address MAY BE A POST OFFICE BO.	<u>A)</u>		
			= = 0
B. If amending the registered agent and/or registered agent and/or the new registered office address h		address on our records, <u>ent</u>	;> G
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	6015 Benjamin	Road, Suite 325	
		Enter Florida street add	ress
	Tampa	•	Florida 33634
-		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent	L	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the reg	and complete red agent as	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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AMBR = Authorized Member

Title	Name	Address	Type of Action
			≅Add
_			□Remove
			Change
			□Remove
			□Add
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			□Remove
			 □ Change
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			 □ Change
			□Remove
			
			

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. Effective da	ite, if other than the date of filing: (optional) (optional) (attentional) (optional) (optional) (optional) (optional) (optional) (optional)
(It an extective o	date is listed, the date must be specific and cannot be prior to date of filing or more man 50 days after intugy) usually date date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as date inserted in the Department of State's records.
	The 90th day after the
the record speci cord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	March 25 2020
Dated	March 25, 2020
	h + Xoldin
	Signature of a member of authorized representative of a member
	Signature of a mountain of

Filing Fee: \$25.00