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SECRETARY OF STATE
PALLAHASSEE FI CATE

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COVER LETTER

TO: Registration Se Division of Cor		•			
SUBJECT: Pu	re 7 Studios (Name of Limi	LLC ited Liability Company)			
	Amendment and fee(s) are sub	•			
Please return all correspo	ondence concerning this matter	to the following:			
	Ryan Mar	1 the 4 (Namp of Person)			
	Pure 7 Stu	Sios LLC (Firm/Company)	TALLAT	2008 DEC	7
	763 Indigo	Loop (Address)		24 PH 12: 19	
	Miramar Be	each FL 32550 (City/State and Zip Code)		12: 19 FLORIGA	
For further information of	concerning this matter, please co	all:			
Ryan Manthey at (850) 654-6523 (Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy	atus &	

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 7 Studios L (Name of the Limited Liability) (A Florida Li	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co Florida document number <u>LO80001357</u>	ompany were filed on $2/6/20$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		790 375 276
(Principal office address MUST BE A STREET ADDRI	ESS)	
•		SSET 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 19 1A E 0A D A
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s	treet address)
	, Flo	rida
-	(City)	(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.

(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 **Title** Name **Address Type of Action** Gina Yra Add Remove ☐ Add ☐ Remove 🗖 Add Remove Add N Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) lease make this change effective as of (or an) December 31,2008. Dated <u>December 01</u> Typed or printed name of signee Page 2 of 2

. . . .

Filing Fee: \$25.00