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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAY 2 3 2008
EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Purifich	ealth LLC		
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Desiree Gagliardotto		
		(Name of Person)	
	Purifichealth LLC		
		(Firm/Company)	
	40347 US 19 N, suite 202		
•		(Address)	
	Tarpon Springs, FI 34689		2000 HAY 22 SECRETARY TALLAHASS
		(City/State and Zip Code)	A A
For further information of	concerning this matter, please ca	all:	ARY OF STATE ORIOI 43
Desiree Gagliardotto		at (727) 939-0300	To to
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for t	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 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

Purifichealth LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 2/15/2008	and assigned
Florida document number L08000016835		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi	ted Linkility Company "the designation	"I I C" or the abbreviation
"L.L.C."	ted Elability Company, the designation	ELC of the aboveviation
Enter new principal offices address, if applicable:	Desiree Gagliardotto	
(Principal office address MUST BE A STREET ADDRESS)	40347 US 19 N, suite 202	
	Tarpon Springs, FI 34689	2008 HAY SECRET
		ES E
Enter new mailing address, if applicable:		HE A
(Mailing address MAY BE A POST OFFICE BOX)		N 20 1
		COR O:
B. If amending the registered agent and/or registered of	fice address on our records, enter	the new
registered agent and/or the new registered office address her		3. .•
Name of New Registered Agent:		
New Registered Office Address:		11
	(Enter Florida street d	uaress)
	, Florida	(Zin Code)
	(Citu)	1710 COAE1

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

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>M</u> GR	Desiree Gagliardotto	P.O. Box 2424 Palm Harbor, Fl 34682	Add Remove
·- <u>-</u> .			- D
	<u> </u>		
<u></u>			E Damesus
	-		Remove
D, Ifam	ending any other information, e	nter change(s) here: (Attach additional s	theets, if necessary. SEE, FLORIDA 10: 43
Dated	Nineteenth day of May	, 2008	
	Signature	of a member or authorized representative of a	member
	Matthew H. G	agliardotto, MGRM	
		Typed or printed name of signee	· · · - · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00