

8/30/22, 12:06 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

LO800052207

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000294505 3)))



H220002945053ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SANTUCCI PRIORE, P.L.
Account Number : I202200000061
Phone : (954)351-7474
Fax Number : (954)351-7475

2022 AUG 30 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PRISTINE NUTRACEUTICALS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

2022 AUG 30 12:27

C. BRUMBLEY
AUG 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRISTINE NUTRACEUTICALS, 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:

ALAN D. BARSON, ESQ.

Name of Person

SANTUCCI PRIORE, P.L.

Firm/Company

200 S ANDREWS AVE. SUITE 100

Address

FORT LAUDERDALE FLORIDA 33301

City/State and Zip Code

abarson@50Glaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan D. Barson, Esq.

954 351-7474

At ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PRISTINE NUTRACEUTICALS, 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 AUGUST 27, 2008 and assigned Florida document number LO8000082207.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2805 EAST OAKLAND PARK BLVD.

(Principal office address MUST BE A STREET ADDRESS)

#419

FORT LAUDERDALE FLORIDA 33306

Enter new mailing address, if applicable:

2805 EAST OAKLAND PARK BLVD.

(Mailing address MAY BE A POST OFFICE BOX)

#419

FORT LAUDERDALE FLORIDA 33306

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:

SANTUCCI PRIORE, P.L.

New Registered Office Address:

200 S ANDREWS AVE STE 100

Enter Florida street address

FORT LAUDERDALE

Florida 33301

Cin'

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 605, 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.

DR Baer
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN SCIARRETTA, ESQ	2799 NW BOCA RATON BLVD.	☐ Add
		SUITE 203	☒ Remove
		BOCA RATON FLORIDA 33431	☐ Change
MGR	SCOTT WILLEY	2805 EAST OAKLAND PARK BLVD.	☒ Add
		#419	☐ Remove
		FORT LAUDERDALE FLORIDA 33306	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 29 2022

AUGUST 29, 2022



Signature of a member or authorized representative of a member

SCOTT WILLEY

Typed or printed name of signee