L10000106607

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration 1 Etc. 00				
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SECRETARY OF STATE FALLAHASSEE, FLORIO.

J. BRYAN

APR - 1 2011

EXAMINER

COVER LETTER

TO:	Registration So Division of Co				
SUBJI	ECT:	PURE HEALT	H SOLUTIONS, LLC		
	<u></u>		ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			J. MICHAEL VALO	HAR 31 PH 12: 53 SECRETARY OF STATE FAIL AHASSEE, FLORIO	
			Name of Person	聖 3 下	-
PURE HEALTH SOLUTIONS, LLC			SSS	٢	
			Firm/Company	Han He	سر ب
	631 CRYSTAL BAY LANE			STATION STATION	
			Address	5.00	
ORLANDO, FL 32828					
			City/State and Zip Code		
			valo1234@aol.com o be used for future annual report notific	ation)	
For fur	ther information of	concerning this matter, please ca	all:		
		H. Acosta, Esquire	at ()	44-2531	
	Name o	of Person	Area Code & Daytime	Lelephone Number	
Enclos	ed is a check for t	he following amount:			
\$25	5.00 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 ARTICLES OF ORGANIZATION **OF**



PURE HEALTH SOLUTIONS, 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 L	iability Company were filed on _	October 12, 2010	_ and assigned
Florida document numberL10000106	<u>3607 </u> .		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address or <u>ffice address here</u> :	our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		 	
	Enter Florida street address		
	Cit	, Florida	7: 0 1
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	RAZOR VENTURES,	LLC 11630 ANJALI COURT ORLANDO, FL 32817	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, er	ter change(s) here: (Attach additional sheets, if necessa	ny) ≧8 ±
			FILED MAR 31 PH 12: CHETARY DE STA
	14b 20		HATE DRID
Dated	March 30	1201and Acorte	
	Signature o	of a member or authorized representative of a member Oland Acosta, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00