111000109580

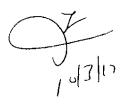
(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(Orty-State/Elph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900303584039

10/02/17--01014--021 **\$5.00





COVER LETTER

Div	ision of Corp	porations				
SHRJECT:	MDB&CO,					
.vopancii.			ited Liability Company			
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspoi	ndence concerning this matter	to the following:			
		Nicholas R. Castellano				
			Name of Person			
		MDB&CO, LLC				
						
1190 E. Washington St #S609						
		Tampa, Ft. 33602				
		City/State and Zip Code				
neastellano@custellanocapital.com						
			to be used for future annual report notif	ication)		
For further in	iformation co	oncerning this matter, please ca	ıll:			
Nicholas R.	Castellano		203 984-2614			
	Name of	Person	at () Area Code Daytime	: Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	S30.00 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:

TO:

Registration Section

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

MDB&CO, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	1
he Articles of Organization for this Limited Liability Compan	v were filed on 09/26/2011	and assigned
Torida document number L11000109580		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
PureFlorida, LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 7 7 8
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9: 0 RID
		· · · · · · · · · · · · · · · · · · ·
s. If amending the registered agent and/or registered o egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	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 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.

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> Type of Action _□ Add _□ Remove ☐ Change □ Add □ Remove _□ Change _□ Add □ Remove _□ Change _□ Add □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_____ Change

		-
		_
		_
		-
		_
		-
		_
		_
	TAIS SE	
	En 8	
	품끈 무	_
	2 53	ַ ר
	nio	ַ ַ
	FL	
7	PLONIO A	<u> </u>
	DA US	1
		_
ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filin te: If the date inserted in this block does not meet the applicable statutory	ig or more than 90 days after filing.) Pursuant to 60	05.02
nument's effective date on the Department of State's records.	y tring requirements, this date witt not be to	stea
•		
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12:01 a.m. on the ear	lier
he soch day after the record is filed.		
ed		
- Cv		
Signature of a member or authorized represer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00