

1/3/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PURETEX SOLUTIONS LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

S Warren

JAN 04 2017

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION **OF**

Puretex Solutions LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{\text{L13000125597}}{\text{L13000125597}}$	ny were filed on 9/5/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Puretex Solutions - Plant I LLC		•
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	:	
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
-	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	
	te performance of my duties, and I described to the serious for in Chapter 605, F.S.	am familiar with and Or, if this document is or, if this ideality climited lia

• Qui ()

MGR = Manager

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

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			□ Add			
			☐ Remove			
			Change			
			. □ Add			
			☐ Remove			
			☐ Change			
			Add			
			□ Remove			
			☐ Change			
			Add			
			□ Remove			
			□ Change			
			Add			
			Remove LCRETARY OF STATE OF ST			
			☐ Change			

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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