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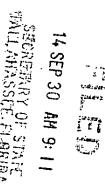
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MORADA LASH, 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:

Tiffany Lynn Minock		
Name of Person		
Firm/Company		
88005 Overseas Highway Suite 10-232		
Address		
Islamorada, FL 33036		
City/State and Zip Code		
tiffanvminock@amail.com		

For further information concerning this matter, please call:

Tiffany Lynn Minock

,,317`,557-6275

Name of Person

Area Code

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

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORADA LASH, 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 Co	ompany were filed on February 25, 20	14 an	ıd assi	igned	
Florida document number L14000031750	'				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
MORADA PURE, LLC					
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation "LLC" or th	e abbrevia	tion "I.	L.C."	-
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR.	ESS)	<u> </u>			_
					_
Enter new mailing address, if applicable:			***		_
(Mailing address MAY BE A POST OFFICE BOX)					_
B. If amending the registered agent and/or registered agent and/or the new registered office addr		er the n	ame	of the	new
		≥£23			
Name of New Registered Agent:			33.	120 1324	٠,٠
Trans of New Registered Agent.		23	်ပဲ - ယ	± zu tenn	- ;
New Registered Office Address:	Enter Florida street address	<u> </u>	<u> </u>	green	_
	Enter Piorida street adaress	T S	⋙	111	
	, Florida _	Col der	<u> </u>	Li entry	_
	City	Zip (Cade —		
New Registered Agent's Signature, if changing Registered	Agent:	33 TT.			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I an ent as provided for in Chapter 605, F.S. O	n familia Pr, if this	r witt docu	h and ment is	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
			□ Remove	
			Remove	
			Add	
				
			□ Remove	
			□ Remove	
			Add	
			□ Remove	

).	If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
,	T2 66	And the state of t
•	The ef	ctive date, if other than the date of filing:
	Date	lenton has not note.
		Jeffany Lemn Minock
		Signature of a member or authorized representative of a member
		Tiffany Lynn Minock
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 SEP 30 AM 9: 11
SECRETARY OF SHATE