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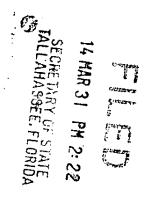
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ASSINETS APP 0 : 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SHR IFCT.

Pure Life Consultanting 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:

Bobby L Watson, Jr.

Name of Person

Firm/Company

7412 Heritage Palms Estates Drive

Address

Fort Myers, FL 33966

City/State and Zip Code

watsonfamily5@comcast.net

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

For further information concerning this matter, please call:

Bobby L Watson, Jr

...239, 292-7977

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure Life Consultanting L		ny as it now appears o	n our records.)		
(2. Whatel is a first or state of the state	(A Florida Limited l	iny as it now appears o Liability Company)			
The Articles of Organization for this Limited L	Liability Company	were filed on Mar	ch 12, 2014	and as	signed
Florida document number L14000042373					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company here	:		
Pure Life Consulting LLC					
The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the des	signation "LLC" or the	e abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:	same			
Principal office address MUST BE A STRE	ET ADDRESS)		<u>'</u> 6	j.	
				SE	
				HAR COMIN	71
Enter new mailing address, if applicable:		same		ASE 3	venuer.
(Mailing address MAY BE A POST OFFICE BOX)				# ~	5
				F.S.	
				DRIATE 2	
B. If amending the registered agent and			our records, ente	the mame	of the new
registered agent and/or the new registered o	mice address ner	<u>'e</u> :			
Name of New Registered Agent:	Bobby L W	atson, Jr.			
New Registered Office Address:	7412 Herita	age Palms Estat	tes Drive		
		Enter Florida	a street address		
	Fort Myers		, Florida _	33966	
		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>:le</u>	Name	Address	Type of Action
			Add
			□ Remove
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to amonding any other information, enter tha	inge(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date he date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
pated March 27	2014
	<u> </u>
Signature of a me	ember or authorized representative of a member
Dobby I Matoon In	
Bobby L. Watson, Jr.	

Page 3 of 3

Filing Fee: \$25.00

