## 114000092909

(Req	questor's Name)	
(Add	lress)	<u>.</u>
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
·		

Office Use Only



700298222217

04/24/17--01030--022 \*\*25.00

T APR 24 PH 2:4
SECRETARY OF STATE

D. SCOTT APR 2 5 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PURE WATCH 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:	
ALBERTO S. ROMANI Name of Person	-
PURE WATCH LLC. Firm/Company	-
1564 NW 65+h AVE.	-
MARGATE, FL 33063  City/State and Zip Code	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	TAL.
ALBERTO S. ROMANI at (954) 263-1834  Name of Person Area Code Daytime Telephone Number	APR 24 I
Enclosed is a check for the following amount:	FLOG STA
(additional copy is enclosed) Certified	ling ree, &

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 WATCH L	LC.	
(Name of the Limited Liab	pility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 6/10/2014 and assigned	
Florida document number L140009290	)9	
Florida document humber	<u>`_L</u> .	
This amendment is submitted to amend the following:		
A If amounting proper parton the party name of the li-	mited liability company horas	
A. If amending name, enter the new name of the lin	miceu namitty company nere.	
PW SERVICE LLC.	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	gistered office address on our records, enter the name of the ne	·W
registered agent and/or the new registered office ad	<u>Idress here</u> :	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	ESP TO THE	
New Registered Office Address.	Enter Florida street address	
	Plants P	
		1
New Registered Agent's Signature, if changing Register	[ N	•
	Tim to	
I hereby accept the appointment as registered agen	nt and agree to act in this capacity. I further agree to comply with the	e
accept the obligations of my position as registered	l complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is	
	ered 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>	Address	Type of Action
			☐ Remove
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Add
			Remove TALED SECTION Add PR
			Add F TO STROMOVE
			Change
		Add	
			☐ Remove
			☐ Change

D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	· · · · · · · · · · · · · · · · · · ·
_	
_	
	<u> </u>
(If an effect <b>Note:</b> If	e date, if other than the date of filing:  (optional)  (optional)  (ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(but the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the strip of the date on the Department of State's records.
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	April 19th 2017.
	Signature of a member or authorized representative of a member
	ALBERTO S. ROMANI
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00