

L14000185741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

DRC Pura Vida LLC

SUBJECT: _____
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:

David Comfort

Name of Person

DRC Pura Vida LLC

Firm/Company

460 Sabal Palm Rd

Address

Miami, FL 33137

City/State and Zip Code

comf22@gmail.com

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

For further information concerning this matter, please call:

David Comfort

646 460-5803

at ()

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

**TO
ARTICLES OF ORGANIZATION
OF**

DRC Pura Vida 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 Company were filed on 12/4/14 and assigned
Florida document number L14000185741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

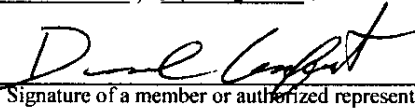
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

See attached additional sheet

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 19th, 2015.



Signature of a member or authorized representative of a member

David Comfort

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

ARTICLE VI – OTHER PROVISIONS

It is intended that the limited liability company will be owned by an Individual Retirement Account (“IRA”) created under the Internal Revenue Code of 1986, as amended (the “Code”). The initial Member of the limited liability company holds all Membership Interests for the benefit of an IRA account holder (the “IRA Account Holder”), as designated in the Operating Agreement of the limited liability company.

Notwithstanding any provision of the Operating Agreement of the limited liability company, the limited liability company is not permitted to and shall not take any action or be authorized to engage in any business that is a “prohibited transaction,” as defined by Code section 4975(c)(1), with respect to the IRA Account Holder. Nor shall the Company be permitted to make any investment, engage in any business, or use Company property for any purpose that would cause any Member to lose its tax status as an IRA under Code section 408. It is the intent of the IRA Account Holder, the initial Member(s), and the initial Manager(s) to preserve the tax status of the Member IRA account(s), and all provisions, terms, and conditions contained in governing documents of this limited liability company should be construed to give full force and effect to that intent.

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