## 15000 131618

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800346082918

97/19/28--91912 -bi: +t25.06

2820 JUL 10 PH 4: 08

AUG 22 2020 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Puris Financial Group, 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:
Kirk Trenchfield  Name of Person
Puris Financial Group, LLC Finn/Company
5091 SW 158 AVE.  Address
Miramar, FL 33027  City/State and Zip Code
Puris financial group @ gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
12 \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Muris tinancial Gro	UP, LL	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	8/3/2015 and assigned
This amendment is submitted to amend the following:		. 9
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	1 1 0 1
Enter new principal offices address, if applicable:	106	O Woodcock Rd.
(Principal office address MUST BE A STREET ADDRESS)	Sui Orla	te # 128 ando, FL 32803
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our re	ecords, <u>enter the name of the new registe</u>
New Registered Office Address:	Enter Flor	ida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete	e to act in this o	capacity. I further agree to comply with 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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Remove
			□Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
Note: If	e date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	July 6 . 2020
Dated _	
Dated_	Signature of a member or authorized representative of a member

Filing Fee: \$25.00