## L15000131678

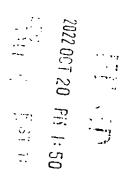
(Requestor's Name)
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A. BUTLER

## **COVER LETTER**

		ration Sec on of Corp				
**************************************	Pu Pu	ıris Financ				
SUBJEC						
The encl	osed A	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn al	l correspon	dence concerning this matter	to the following:		
			Kirk Trenchfield			
				Name of Person	<del> </del>	
			Puris Financial Group, LL	C <sup>*</sup>		
Firm/Company						
			5091 SW 158 Ave			
				Address	<del></del>	
Miramar, FL 33027						
				City/State and Zip Code	<del></del>	
			kirk@purisfinancialgroup.c			
			E-mail address: (	to be used for future annual report no	tification)	
For furth	er info	rmation co	ncerning this matter, please of	all:		
Kirk Tre	nchfiel	d		954 809-4131 at ()		
		Name of	Person	at ()Area Code Daytii	ne Telephone Number	
Enclosed	l is a ct	eck for the	following amount:			
<b>≘</b> \$25.	00 Fili	ng 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		Street Address: Registration Se	ection			
Division of Corporations				Division of Co		
P.O. Box 6327			·	The Centre of	Tallahassee	
Tallahassee, FL 32314		L 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Puris Financial Group, LLC

2022 OCT 20 PH 1:51

(Name of the Limited Liability Con (A Florida Limit	ppany as it now appears on our rec	cords.)
(A Fiorida Limite	ed Diability Company)	5 57,7E
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{08/03/2015}{}$	and assigned
lorida document number L15000131678		
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
inter new mailing address, if applicable:	5091 SW 158 Ave	
Mailing address MAY BE A POST OFFICE BOX)	Miramar, FL 33027	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
- <del>-</del>	Enter Florida street ad	dress
	,	Florida
	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 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
MGR	Dana Trenchfield	5091 SW 158 Ave. Miramar, FL 33027	□Add
			Remove
			Change
AMBR	Dana Trenchfield	5091 SW 158 Ave, Miramar, FL 33027	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		<del> </del>	□Remove
			□Change
			□Add
<del></del>			Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated October 13 2022 Signature of a member or authorized representative of a member Kirk Trenchfield Typed or printed name of signee

Filing Fee: \$25.00