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Special Instructions to	Filing Officer:	

Office Use Only

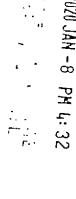


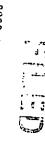
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## **COVER LETTER**

TO: Registration Se Division of Cor			
PURAVID	A LIFESTYLE ENTERPRISES	S. LLC	
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ernesto Zugasti		
		Name of Person	
	PURAVIDA LIFESTYLE	ENTERPRISES, LLC	
		Firm-Company	
	145 sw 13th st apt 407		
		Address	<del></del>
	miami fl 33130		
	viterilegal@gmail.com E-mail address: (	City/State and Zip Code to be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	all:	
Ernesto Zugasti		305 484-4984	
Name (	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of 1	l'allahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

#### PURAVIDA LIFESTYLE ENTERPRISES, 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	v were filed on 12/23/2015	and assigned
Florida document number L15000212364		
Troited document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20
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		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		N
(Maning addition Maning addition by		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	ERIKA GARCIA	888 BRICKELL KEY DRIVE, UNIT 710	□Add
		MIAMI, FL 33131	Remove
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cord specifie	s a delayed effecti	ive date, but no	ot an effective	time, at 12:01	a,m. on the ear	lier of: (b) Th	ie 90th day after	the
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Filing Fee: \$25.00