16000010182

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	
Certified Copies Certificates of Status	<u></u>
Special Instructions to Filing Officer:	
Newy form	
Office Use Only	



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ZOITAPR 20 PH 4: 44
SECRETARY OF STATE

K. SALY APR 2 1 2017



April 5, 2017

PUREFECT HEALTH LLC KIM PAPA 13224 MALACHITE DR. BRADENTON, FL 34211

SUBJECT: PUREFECT HEALTH LLC

Ref. Number: L16000010182

We have received your document for PUREFECT HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00006527

2017 APR 20 AM 11: 58 LECRETY VLLAHASSTE, FLORIDA

COVER LETTER

	of Corporations
SUBJECT:	PUREFECT HEALTH LLC
	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	KIM PAPA
	Name of Person
	PUREFECT HEALTH LLC Firm/Company
	Firm/Company
	13254 MALACHITE DR
	Address
	BRADENTON, F- 34211
	BRADENTON, FL 34211 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informe	ation concerning this matter, please call:
roi futillet informa	mon concerning this matter, please can.
	MARK PAPA at (941) 320-1949 Name of Person Area Code Daytime Telephone Number
ì	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
\$25.00 Filing I	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee,}\Bigcup \Bigcup \Big

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

OI	?	ZOLIANO
PUREFECT HEALTH L (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	2017 APR 20 PH 4: 44 s on our recovery LAHASSEE, FLORIDA 1 14 2016 and assigned
The Articles of Organization for this Limited Liability Company via Florida document number	vere filed on	1/14/2016 and assigned
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13224	MALACHITE DR VTON, FL 34211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13224 BRADI	MALACHITE DR FNTON, PL 34211
B. If amending the registered agent and/or registered office address here:		our records, enter the name of the ne
Name of New Registered Agent:	Kim	PAPA

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Florida

MALACHITE

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kim PAPA	13224 MALACHITE DR.	Add
		13224 MALACHITE DR. BRADENTON, FZ 34211	□ Remove
			Change
			Add
			□ Remove
			□ Change
			FILE SECRETARY SECRETARY
			20 May 1:45 NARY OF STAFFA
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change

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	2011APR 20 TALLLAHAS
	2011 APR 20
	SECRETA TALLLAHAS
	R 20
	SEE 3
	FLORIE 5
	Dr.
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, a he 90th day after the record is filed.	t 12:01 a.m. on the earlier of
ed APRIL 15, 2017.	
Signature of a member or authorized representative of a mer	nber

Page 3 of 3

Filing Fee: \$25.00