L160000 15809

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE
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COVER LETTER

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CR II	D UECT.		CCESS HOLDINGS LLC		
301	DJECT		Name of Lim	ited Liability Company	
The	enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ise return	all co rre spo	ndence concerning this matter	to the following:	
			ELIZABETH VENEGAS		
				Name of Person	The same of the sa
			PURE SUCCESS HOLDIN	NGS LLC	
				Firm/Company	
			PO BOX 360832		
				Address	
			MELBOURNE FL 3293	6-0832	
				City/State and Zip Code	
			EPINVESTMENTS@AOL		
			E-mail address: (to be used for future annual report notif	ication)
For	further in	nformation c	oncerning this matter, please ca	all:	
ELIZABETH VENEGAS				321 507-7039 at ()	
		Name o	f Person	Area Code Daytime	: Telephone Number
Enc	losed is a	a check for th	ne following amount:		
	\$25.00 F	iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURE SUCCESS HOLDINGS LLC				
(Name of the Limite	ed Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number L16000015809	ability Company	were filed on	and assi	gned
his amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	ility company here:		
he new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation FL.I.	"C."
Enter new principal offices address, if applicable:			URE SAFE	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1735 CROTON RD SUITE B	2 88	- stanes
		MELBOURNE, FL 32935	70 E	77
			STATE	O
		PO BOX 320832	>	
		MELBOURNE FL 32936-0832		
B. If amending the registered agent and/oegistered agent and/or the new registered of Name of New Registered Agent:			enter the name o	of the
New Registered Office Address:	1735 CROTON	RD SUITE B		
_ · · · · · · · · · · · · · · · · · · ·		Enter Florida street address		
	MELBOURNE	, Flori	da 32936-0832	
		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 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
AMBR	ELIZABETH VENEGAS	PO BOX 360832 MELBOURNE, I	□ Add
			Remove
		**************************************	Change
	 		
			□ Remove
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Effective date, if other that if an effective date is listed, the d	n the date of fi	iling:	es to data of filing or m	(option	nal)	S 605 0207
is all circulty date is listed, the d	this block does n	not meet the appli	cable statutory filing	g requirements, this	date will not be	listed as
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Note: If the date inserted in document's effective date on the record specifies a de The 90th day after the MARCH 16			ot an effective t	ime, at 12:01 a.	ECRETARY	, <u></u>
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Typed or printed name of signee

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