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DIVISION OF CORPORATIONS

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COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: PURE HE POPS 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: Sarah Craw Ford Name of Person	
Pure life Pops VVC	
1015 E. FILMON AVENUE	
Drando JFL 32809 City/State and Zip Code banail (7 @ Yahaa (0 m)	
For further information concerning this matter, please call:	
Savah Cvaw ford at (4D+) 44u - 0539 Name of Person at (4D+) Daytime Telephone Number	_
Enclosed is a check for the following amount: \$\int \sum_{\text{S25.00 Filing Fee}} \sum_{\text{S30.00 Filing Fee}} \sum_{\text{S60.00 Filing}} \sum_{S60.00 Filing	Fee
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & B\$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &
MAILING ADDRESS: STREET/COURIER ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Or	0 3 1
Pure Life Por(pany as it now appears on our records.)	- 1504 C
(A Florida Limited	d Liability Company)	8 2 (
The Articles of Organization for this Limited Liability Compar Florida document number <u>LIU DOO & FS P</u> .	ny were filed on $5 5 2010$	and assigned of
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia (YAWFOY A LON CYE HE & C The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ompany." the designation "LLC" or the	abbreviation "L.L.C." YE AVE NUL 32809
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(maning duriess mill man i was a series		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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>	Name	Address	Type of Action
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Filing Fee: \$25.00