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SECRETARY OF STATE
TALLAHASSEE, FI OBIRA

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	PUREVI	TAMEN LLC			
SUBJECT:	<u>\</u>	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		TRACY GAR	~		
		Name of Person			
		PUREVITAMEN	, ,,,		
		Firm/Company			
	1661	RINGUNG	blua #	1462	
		Address			
	5	ARASSTA, FL	34230		
		City/State and Zip Code			
		BEAPING VAI	100. (0)	A ₀₀ 5	
			report notification)		
For further information c	oncerning this matter, please ca	all:		Him C] 3 ,
TRA	My Ealin	at ()	400.546 Daytime Telephone	AHASSER, FLORID	
	f Person	Area Code	Daytime Telephone	Number T) [
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er	iclosed)	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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on §.5.1 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Liability and Contain the Words" and Contain the words "Liability and Contain the Words" and Contain the words are contained to	ity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	1661 RINGLING BLUD #1462
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA FL 34230
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1461 RINGLING BLVD # 1462 SARASTO, FL 34230
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	TRACY BURNE GAPINE TO
New Registered Office Address:	Enter Florida street address
	- U
	SARASSTA Florida 34230 City
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> **Address** Type of Action <u>Name</u> _ Add _□ Remove ☐ Change _ 🗆 Add □ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove _ Change _□ Add _□ Remove ☐ Change Remov

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an effective. Iote: If the	date is listed, the date must be specific and cannot be prior to date date inserted in this block does not meet the applicable sta	of filing or more than 90 days a	this date will not be liste	d as
ocument's	effective date on the Department of State's records.			
	specifies a delayed effective date, but not an e	ffective time, at 12:0	1 a.m. on the earlie	r o
The 90th	day after the record is filed.			
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_	Signature of a member or authorized (epresentative of a member		
	Signature of a monitor of auditorized (\		
	<i>Y</i> /	TRACY CARV		

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Filing Fee: \$25.00