117000123578

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COVER LETTER

TO: Registration S Division of Co			•
Pure Bioa	ctives LLC	•	
3000ECT	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicholas Gregory		
		Name of Person	
	Pure Bioactives LLC		
		Firm/Company	
	1835 E Hallandale Bch Bl	vd, Suite 449	
		Address	
	Hallandale Beh, Fl 33009		
		City/State and Zip Code	
	nick@gregorydiversified.co		
For further information	concerning this matter, please concerning this matter.	to be used for future annual report notifulal:	ication)
Nicholas Gregory	•	305 725-2199	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing 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 enclose

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 Bioactives LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.</u>) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{\text{L}17000123578}{\text{L}17000123578}$.	6/6/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>/ here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," (he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	TAL SE
New Registered Office Address:	CRE AH.
Enter i	Florida street address SSR S
City	TZip Ande
New Registered Agent's Signature, if changing Registered Agent:	ORI ORI
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for it being filed to merely reflect a change in the registered office address, I he company has been positived in writing of this change.	of my duties, and I am familiar with and n Chapter 605, F.S. Or, if this document is

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
MGR	Dean Gregory	700 No 14th ave. apt #211, Hallandole Bch 33	.009 ■ Add
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Nicholas Gregory Signature of a member or authorized representative of a member	September 20th	2017	
Signature of a member or authorized representative of a member		Nicholas Gregor	и.
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Filing Fee: \$25.00