

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : I20060000135  
Phone : (305)789-3200  
Fax Number : (305)789-4137

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: luke@pinnaclehousing.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE LW4 USA OF DRONES LLC**

Certificate of Status	0
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JUL 14 2022

K. Brumbley

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THE LW4 USA OF DRONES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 13, 2017 and assigned  
Florida document number L17000151100.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PUREM PARTY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the 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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Louis Wolfson IV	9400 S. Dadeland Blvd.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Miami, FL 33156	<input type="checkbox"/> Change
AMBR	Esther Mizrahi Wolfson	9400 S. Dadeland Blvd.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Miami, FL 33156	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.(3)(b)

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Signature of a member or authorized representative of a member

Louis Wolfson IV  
Typed or printed name of signee

**Filing Fee: \$25.00**