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| (R | Requestor's Name) | |
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| (A | Address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT ☐ N | /AIL |
| (B | Business Entity Name) | _ |
| (C | Pocument Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions to | o Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|-------------|
| SUBJECT: Purity Food Great, 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: | |
| Mohammad Hussaini Name of Person | |
| Purity Food Group LLC Firm/Company | |
| 18003 Cozumel Isle Dr Address | |
| Tampa, FL 33647 City/State and Zip Code | |
| E-mail address: (to be used for inture annual report notification) | |
| For further information concerning this matter, please call: | |
| Mohammad Hussaini at (630) 400 - 9167 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee | of Status & |

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



| Purity Fool Group | , LLC | | <i>′∂</i> |
|--|---|-----------------------------|-----------------------------|
| Purity Fool Group (Name of the Limited Liab) (A Flori | lity Company as it now appea da Limited Liability Company) | rs on our records.) | · |
| The Articles of Organization for this Limited Liability | Company were filed on | Oct. 12,2018 | and assigned |
| Florida document number L17000 211 6 8 4 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company h | <u>ere</u> : | |
| Purity Foods Grou The new name must be distinguishable and contain the words "Li | P, LLC | | |
| The new name must be distinguishable and contain the words "Li | | | |
| Enter new principal offices address, if applicable: | 10347 | 1 cross Cre | ele Boulevard |
| (Principal office address MUST BE A STREET ADL | DRESS) Tampa | , Florida 3 | ele Boulevard 3647 Suite |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| Mining dutiess Mini 2017 1 Col Col Tiggs 2017 | | | |
| | | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ad | | n our records, <u>enter</u> | the name of the ne |
| | | | |
| Name of New Registered Agent: | Johammad | Abd #ullah | Hussaini |
| New Registered Office Address: | Johannad 347-(Cross (Enter Flo Tam PG City | Creek Bow | leverl |
| | Tampa | , Florida _ | 33647 |
| | 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 Type of Action **Address** Title Name □ Add Remove _____ Change RA Mohammade Mazher Hussaini _______ 10502 Bernula Isle Pr. PRemove Tampa FL 33647 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

__ Change

| | NIW | RA- | monammad | Abdullah | Hussavni |
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| . Effecti | ve date, if o serive date is l | other than the isted the date mus | date of filing:t be specific and cannot be prior to | date of filing or more than 90 day | (optional) es after filing) Pursuant to 605 |
| Note: | If the date ir | iserted in this blo | ock does not meet the applicat | le statutory filing requiremen | ts, this date will not be list |
| docum | ent's effectiv | /e date on the De | epartment of State's records. | | |
| | | | | | |
| the rec | ord specif | ies a delayed | effective date, but not | an effective time, at 12 | :01 a.m. on the earlie |
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| | _ | | •• | | 35.5 |
| Dated | Augu> | + 29 | . 2018 Signature of a member or author | _ • | 1 |
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| | <i>U</i> | Musse | ve- | | : |
| | | | Signature of a member or author | zed representative of a member | <u> </u> |
| | | | organization and memory of additions | ned representative to a memore | 1. |

Page 3 of 3

Filing Fee: \$25.00