L17000255731

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COVER LETTER

TO: Registration Sec Division of Corp			er e
	ESTYLE LLC		*
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	LEA N GRAF, CPA		
		Name of Person	
	STERLING TAX & ACC	OUNTING	
	 	Firm/Company	
	2906 BEE RIDGE RD		
	·	Address	· · · · · · · · · · · · · · · · · · ·
	SARASOTA, FL 34237		
	LEA@SRQTAX.COM	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information ec	oncerning this matter, please ca	all:	
LEA N GRAF, CPA		941 777-4700	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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 enclosed
MAILI	NG ADDRESS:	STREET/COURI	FR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PURE LIFESTYLE LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 2011 NAR 25 P 3

The Articles of Organization for this Limited Liability Company	were filed on DEC	EMBER 14020197Y CL STATE TALLAHASSEE, Flandläskigned
Florida document number L170002555731		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabit	fity Company," the desig	gnation "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 of registered agent and/or the new registered office address here		ur records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	valuties, and I am familiar with and upter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If athending 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>	Type of Action
MGR	PURE VAPE NOW	11811 N TATUM BLVD STE 3031 PHOENIX, AZ 85028	■ Add
			□ Remove
			☐ Change
			Remove
			Change
		·	Add
			Remove
			Change
			Remove
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			Remove
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12.00 A	JANUARY 1, 2018
lf an effe	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
accuiri	.it s effective date on the Department of State's records.
10 roc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
	MARCH 22 (
Dated	
Dated .	
Dated _.	
Dated _.	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00