## L18 0000 49171

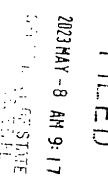
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000408018050

le/Zle/Z3 VM



## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Se vivision of Cor				
SUBJECT	PURITY A				
SUBJECT	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırıı all correspo	ondence concerning this matter	to the following:		
		Jonathan Ortiz			
			Name of Person		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		4640 Marsh Harbor dr			
	Address				
		Tavares Florida 32778			
		contact@purityairflow.com	City/State and Zip Code		
		• • •	to be used for future annual report noti	fication)	
For further	information e	oncerning this matter, please ca	all:		
Jonathan C	Ortiz		321 4489388		
	Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is	s a check for th	ne following amount:			
<b>\$25.00</b>	) 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 enclosed)	
	Tailing Addres		Street Address:		
Registration Section Division of Corporations			Registration Se Division of Cor		
	.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURITY AIR L.L.C					
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u> )		
ne Articles of Organization for this Limited Liab orida document number L18000049171	oility Company	were filed on 02/23/2018	a	nd assi	gned
is amendment is submitted to amend the follow	ving:				
. If amending name, enter the new name of t	he limited liab	ility company here:			
e new name must be distinguishable and contain the won	ds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviat	ion "L.L	C."
nter new principal offices address, if applicab	ole:	2880 David Walker dr			
rincipal office address MUST BE A STREET	Suite 183, Eustis Fl., 32726	<u>က</u>	2023		
			-53 -53		المنس
nter new mailing address, if applicable:		P.O. Box 183		MAY -8	
failing address MAY BE A POST OFFICE BO	9X)	Eustis FL 32726	· 177	A	
			<u> </u>	<u> بو</u>	
			m	9	
. If amending the registered agent and/or reg gent and/or the new registered office address		address on our records, <u>enter</u>	the n <u>ame of tl</u>	<u>1e new</u>	registe
Name of New Registered Agent:	Jonathan Ortiz				
New Registered Office Address:	2880 David Walker dr				
		Enter Florida street address	Ţ		
	Eustis	, Flo	rida <u>32726</u>		
		City		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>	Address	Type of Action
MGR	Migdoel Class	9300 Conroy Windermere RD, Windermere FL, 34786	6 _ <b>≣</b> Add
			_ 🗆 Remove
			_ □Change
MGR	Jose Maldonado	9300 Conroy Windermere RD, Windermere FL, 34786	5 _ <b>≘</b> Add
			_□Remove
			_ 🗆 Change
			_ 🗆 Add
			Remove
			_ Change
	<del></del>		_ □Add
			_□Remove
			_ Change
			_ 🗀 Add
			Remove
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change

-	
-	
-	
•	
-	
-	
-	
-	
-	
•	
-	
•	
Effect	ive date, if other than the date of filing:
(If an ef	ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
he recoi ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
) (1 IS 11	icu.
Dated	05/02/2023
Dated	
	Signature of a member or authorized representative of a member
	Jonathan Ortiz
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00