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SECRETARY OF STATE TALLAHASSEE, FLURION



COVER LETTER

	Registration Se Division of Cor			
OUD IE	Aurora Pure	e, LLC		
SUBJEC	T:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Todd Shermer		
		 	Name of Person	
		Aurora Pure, LLC		
			Firm/Company	
		113 Rodeo		
			Address	
		Irvine, CA 92602		
			City/State and Zip Code	
		Todd@aurorapurity.com		
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	lification)
Todd Sho			727 460.5231	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 enclosed)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	rporations
	P.O. Box 632		The Centre of	
	Tallahassee, I	TL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aurora Pure, "LLC"		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp	any were filed on 11/06/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our records, enter the	SECRETARY DE STATE OF THE POW registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner I writed street dadress	
	, Florid	iaZiv Code
	City	zip Coae

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	Kelly Melendrez	113 Rodeo Irvine, CA 92602	■Add
			Remove
			☐ Change
			Change
			□Remove
			⊡Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

MGR and Authorized Mem	ber are the same person, however the letter J. is s	howing up for the middle name
instead of A. The proper na	ame is Todd A. Shermer not Todd J. Shermer. Ple	case make the change.
Thank you.		
Todd A. Shermer		1.14.4
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		2023 SEC TALL
		JU JAE AA
		IARY 6
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		7: 57
		7

: If the date inserted in this iment's effective date on the	ust be specific and cannot be prior to date of filing or moblock does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be liste
filed.		
d <u>May 30,</u>	2023	
4		

Filing Fee: \$25.00