

LEE 269821

(Requestor's Name)

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(City/State/Zip/Phone #)

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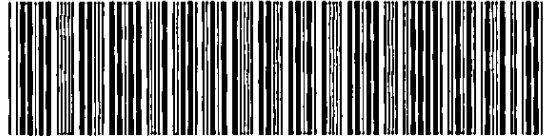
(Business Entity Name)

(Document Number)

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SAMUEL J. CANTOR, P.A.
ATTORNEY AT LAW

**1001 YAMATO ROAD, SUITE 310
BOCA RATON FL 33431
(561) 982-9555 - (954) 363-7078
SAM@SAMCANPA.COM**

SAMUEL J. CANTOR*
*ALSO MEMBER OF PENNSYLVANIA BAR

December 12, 2018

Department of State
Division of Corporation
2661 Executive Center Circle
Tallahassee, FL 32301
Attn: Registration Section-Amendment

Re: **PUR2O FLORIDA, LLC** - Document Number L18000269821
Filed on November 11, 2018

Dear Sirs:

Please be advised that this firm represents the owner of the above-referenced entity. When the entity was formed through your website, the name was entered incorrectly. The last letter in word **PUR2O** should be letter "O" and not number zero. The correct name of the entity is **PUR2O FLORIDA, LLC**. Enclosed please find the Articles of Amendment to Articles of Organization amending the name and a stamped envelope for your convenience.

Please contact our office should you have any questions and thank you in advance for your prompt attention to this matter.

Very truly yours,


Samuel J. Cantor

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PUR29 FLORIDA, 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:

SAMUEL J. CANTOR

Name of Person

SAMUEL J. CANTOR, P.A.

Firm/Company

1001 YAMATO ROAD, SUITE 310

Address

BOCA RATON, FL 33431

City, State and Zip Code

PATTY@SAMCANPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA KOISMAN

561 982-9555

Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount.

☒ \$25.00 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 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

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

PUR20 FLORIDA, 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 11-19-2018 and assigned
Florida document number L18000269821.

This amendment is submitted to amend the following:

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

PUR20 FLORIDA, 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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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F. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 27, 2018

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ANTONIO CERNUTO, MANAGER

Typed or printed name of signee