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A. BUTLER

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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: F	ure (House Hold	inss, LLC	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Name of Lim	ited Lability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Tou	- Goren		
		_		
	enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: TON COTEN Name of Person PUTE WASE Holdings, LCC Firm/Company 1014 Gradeway Blod. 7171 (HARLESTON POINT) Address DR. City/State and Zip Code Long of Manual report notification) Further information concerning this matter, please call: TONG Groven Name of Person Area Code Daytime Telephone Number			
	Bognita	City/State and Zip Code	176 LAKE WCRTH	FL 3346
	E-mail address: (to be used for future annual report noti	O 117 fication)	
For further information co			,	
TUNI GIUTE	Ln	at (954) 931.	9665	
Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	e following amount:			
图\$25.00 Filing Fee	-	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		(EDEX-		
•	_	Street Address: Registration Se	ction	
_		, regionation se		•
	•		•	
Tallahassee, F	L 32314			
		Tallahassee, FL	. 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure Wa	ability Company as it now appears on orida Limited Liability Company)	<u> </u>
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number <u> </u>	ty Company were filed on/	/14/2019 and assigned
This amendment is submitted to amend the following	j.	
A. If amending name, enter the new name of the		
Pure Wave Techy The new name must be distinguishable and contain the words "	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
MC SPACE Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
	City	, Florida <u>Zip Code</u>

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.

A	
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
			Remove
			□Change
			[]Add
			□ Remove
			□Change
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			□Remove
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l'ffoct	ive date, if other than the date of filing: (optional)
(If an ef Note:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord 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.
Dated	× 12/21/21
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Toni Goven

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Filing Fee: \$25.00