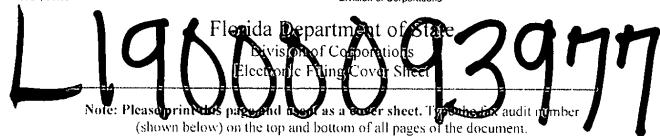
17/06/2024, 08:33

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAST COAST MULTISERVICE INC

Account Number : I20230000142 Phone : (305)631-2190 Fax Number : (786)713-1965

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIMPROKEL LATAM LLC

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M. SOLOMON

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From, East Coast Multiservice Inc.

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ARTICLES OF AMENDMENT TO · ARTICLES OF ORGANIZATION OF

DIMPROKEL L.		
(Name of the Limited L	inv as it now appears on our records.) Liability Company)	•
The Articles of Organization for this Limited Liability Company	were filed on 04/04/2019	and assigned
Florida document number 1.19000093977		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ENERGYPURE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" of	or the abbreviation "L.L.G"
Enter new principal offices address, if applicable:	9767 POPLAR PL	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32827	iii - T
		٦.
		7
Enter new mailing address, if applicable:	9767 POPLAR PL	ر. ن ب
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32827	<u> </u>
The second secon		
3. If amending the registered agent and/or registered office a	address on our records, enter th	e name of the new register
gent and/or the new registered office address here:		
rgent and/or the new registered office address here:		
rgent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Emer Florida street address Flori	

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, Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
			□Add		
			□Change		
	····		□.Add		
			□Remove		
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		· · · · · · · · · · · · · · · · · · ·	□Add		
			□Remove		
			□Change		

D. If am	ending any other information	n, enter change(s) here:	(Attach additional sheets,	if necessary.)	
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(Ifane <u>Note:</u>	tive date, if other than the da fective date is listed, the date must be If the date inserted in this block nent's effective date on the Depar	specific and cannot be prior to does not meet the applicab	date of filing or more than 90 date of filing or more than 90 date of filing requirements	(optional) ns after tiling.) Pursuant to 605, nts, this date will not be liste	0207 (3)(b) ed as the
If the reco record is f	rd specifies a delayed effective da iled	ne, but not an effective time	e, at 12:01 a m on the earlie	r of: (h) The 90th day after	the
Dated	JUNE, 14TH	2024	.•		
	<b>A</b> .	GIA.			
	Sig	nature of a member or authori	zed representative of a member	<u> </u>	

Typed or printed name of signee