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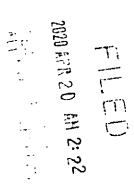
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	rporations					
SUBJECT:	1800pure group lle						
SOBJECT.		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filling.				
Please return	all correspo	ondence concerning this matter	to the following:				
		alexcy golovkov					
			Name of Person				
		1800pure group llc					
			Firm/Company				
		113 campanello ct					
			Address				
		daytona beach fl 32117					
		·	City/State and Zip Code				
		1800puresbd@gmail.com					
			to be used for future annual report no	tification)			
For further in	iformation c	oncerning this matter, please c	all:				
alexey golovkov		386 6310658					
	Name o	f Person		ne Telephone Number			
Enclosed is a	check for the	he following amount:					
≘ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Addres gistration S		Street Address: Registration Se	ection			
		Corporations	Division of Co	rporations			
P.O. Box 6327			The Centre of	1 allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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1800PURE GROUP 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 APRIL16 2019 ____ and assigned Florida document number L19000104635 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 619 CARSWELL AVE (Principal office address MUST BE A STREET ADDRESS) UNIT #2 HOLLY HILL FL 32117 Enter new mailing address, if applicable: 619 CARSWELL AVE (Mailing address MAY BE A POST OFFICE BOX) UNIT#2 HOLLY HILL FL 32117 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 ad	ldress
		, 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 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
			□Add
			□Remove
			□Change
			
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record specifies a delayed is filed.	l effective date, bu	it not an effect	ive time, at 12:	OI a.m. on the e	arlier of: (b)	The 90th day after	the
APRIL 17		2020					
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