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C. GOLDEN MAY 2 9 2020

COVER LETTER

	Registration Se Division of Cor			ŕ
en nec		GROUP LLC	r	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		GOLOVKOV ALEXEY		
		<u> </u>	Name of Person	 _
		1800 PURE GROUP LLC		
			Firm/Company	
		619 CARSWELL AVE U	NIT#2	
			Address	
		HOLLY HILL FL 32117		
			City/State and Zip Code	
		1800purecbd@gmail.com		
			to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please c	all:	
GOLOV	KOV ALEXEY		386 631-0658	
<u> </u>	Name o	f Person		me Telephone Number
Enclosed	is a check for th	e 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 Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of Co The Centre of	orporations
	Tallahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1800 PURE GROUP LLC

2E23#*** | 1 AH | 1: 17

(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Florida document number L19000104635	Liability Company were filed on 04	.16.2019 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our r ess here:	ecords, enter the name of the new registered
Name of New Registered Agent:	GOLOVKOV ANDREY	
New Registered Office Address:	113 CAMPANELLO CT	
	Enter Flo	rida street address
	DAYTONA BEACH	, Florida 32117
	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>	Address	Type of Action
MGR	GOLOVKOV ANDREY	113 CAMPANELLO CT DAYTONA E	BEACH FL 32111
		GOLOVKOV ALEXEY	≅Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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			□Remove
			□Change

Effective date, if other than the date of filing: 05.14.2020 (Optional)											_
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