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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PURE SYNERGY BOTANICALS LLC**

Certificate of Status	0
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2019 JUN 26 PM 4:47

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PURE SYNERGY BOTANICALS 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 MAY 20, 2019 and assigned Florida document number L19000128712.

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 "LLC."

Enter new principal offices address, if applicable:

200 2ND AVENUE S #443

(Principal office address MUST BE A STREET ADDRESS)

ST PETERSBURG, FLORIDA 33701

Enter new mailing address, if applicable:

200 2ND AVENUE S #443

(Mailing address MAY BE A POST OFFICE BOX)

ST PETERSBURG, FLORIDA 33701

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:

200 2ND AVENUE S #443

Enter Florida street address

ST PETERSBURG

Florida

33701

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LINDSEY, GABRIEL THOMAS	7922 66TH WAY N	<input checked="" type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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JOSHUA SUTHERLAND OWNS AN 85% INTEREST IN THE LLC.

GABRIEL THOMAS LINDSEY OWNS A 15% INTEREST IN THE LLC.

2019 JUL 26 PM 4:48

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APPROVED
AND**E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated JUNE 26TH 2019

/s/

Joshua Sutherland

Signature of a member or authorized representative of a member

JOSHUA SUTHERLAND

Typed or printed name of signer