## 119000279113

(Requestor's Name)
(Address)
(Aldress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
PURE GLO	BAL CONSULTING LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	PHILIP SIMONETTA			
		Name of Person	<del></del>	
		Firm/Company		
	PO BOX 39294			
		Address		
	FORT LAUDERDALE	TL 33339		
		City/State and Zip Code		
	PHILSIMONETTA@GMA		<b>20</b> 7	
	E-mail address: (	to be used for future annual report notification)	2020 SEP SECRETA	
For further information c	oncerning this matter, please c	all:		
PHILIP SIMONETTA		786 519-7991 at ( )		
Name o	f Person	Area Code Daytime Telephone	Number F. 6: 33	į
Enclosed is a check for the	he following amount:		•	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
Mailing Address Registration S	Section	Street Address: Registration Section		
Division of C	orporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURE GLOBAL CONUSLTING	LLC		
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L19000279113	Liability Company	were filed on 11/08/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	pility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
	<u> </u>		
B. If amending the registered agent and/or	registered office	address on our records, enter the n	affic of the flew registere
agent and/or the new registered office addre	ess here:		D 00
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		2. S.
		Enter Florida street address	

## 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.

City

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
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			□Remove
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effective date is listed, the date n te: If the date inserted in this	aust be specific am	d cannot be prior	to date of filing	or more than 90 d	ays after filing.) Purs		
ument's effective date on the				J			
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cord specifies a delayed effec s filed.	tive date, but no	; an effective ti	me, at 12:01 a	.m. on the earlie	er of: (b) The 90t	h day after	r the
00/01/		2020					
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