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ONTISION DE CONFORMATIONS

2022 SEP -2 PH 12: 07

SEP 0 2 2022

R. HUNT

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: PWP	Investment Name of Lim	ES LS MWE LL ited Liability Company	<u>C.</u> .	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ambrea R	Name of Person		
	Pure Inv	Stments lop Firm/Company	nure LLC.	ANB
	11927 Gran	nd Kempston I	Dr Gibsonton,	(23353)
	Gibsonton	FL 33534 City/State and Zip Code		
		Yeinvest. us to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		DIVISION C
Ambrea R)WAS TPerson	at (<u>813)</u> <u>573</u> Area Code Daytin		7 SEE
Enclosed is a check for t	he following amount:		; ;	PHID: no
□ \$25.00 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 enclose	7
Mailing Address Registration : Division of C	Section Torporations	Street Address: Registration Se Division of Co	rporations	
P.O. Box 632	27	The Centre of	l allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure Investments & More U.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FIOTKII LIBIRÇU I	maoriney Company)		
The Articles of Organization for this Limited Liability Company Florida document number L2000000000000000000000000000000000000	were filed on <u>01</u> /		a 2022 SFP
This amendment is submitted to amend the following:			Li.,
A. If amending name, enter the new name of the limited liab	ility company here		5 8
The new name must be distinguishable and contain the words "Limited Liabil	LC., lity Company," the desi:		▼ ::
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4522 n #1018 Tumpa	Village Dr., 5 , FL 33624	. 0.4
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our rece	ords, <u>enter the name of the new re</u>	gistered
New Registered Office Address:			
New Registered Office Address.	Enter Florida	street address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr			vith the

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
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			□Remove
			Change
			□Add
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- J	Mynua Signature	of a member or aut	horized representative	re of a member		

Filing Fee: \$25.00