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| Special Instructions to Filing Officer: |
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COVER LETTER

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|---|--|---|---|--|
| TO: Registration Section Division of Corporations | | | 72 | **, |
| SUBJECT: Pura Vid | Name of Limited Liability Comp | LL C | | S. S |
| The enclosed Articles of Amendment and | fee(s) are submitted for filing. | | | S. |
| Please return all correspondence concerni | ng this matter to the following: | | | |
| | rcelo Sch Name of Per | | | |
| 106 | Manager, 1 Finn/Comp | any any | <u> </u> | |
| 4776 | Biscarre & | 3) vd #1280 | > | |
| Mie mar | City/State and Z City/State and Z Calo @ idghor mail address: (to be used or future | ip Code mes. Com e annual report notification) | | |
| For further information concerning this ma | atter, please call: | | | |
| Marcelo Schar Name of Person | ny at (30) | Daytime Telepho | 220 one Number | |
| Enclosed is a check for the following amo | unt: | | | |
| ₹\$25.00 Filing Fee ☐ \$30.00 Fili Certificat | e of Status Certified (| | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | | | |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| O | · | | |
|---|--|--|---------------------------------------|
| | de Team | | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| (Name of the Limite | d Liability Company as it i A Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited Lia Florida document number <u>L 2 0000</u> | ability Company were fi | iled on 01-29-20 | and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability co | mpany here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Com | pany," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applica | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE E | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | gistered office address s here: | s on our records, <u>enter the nan</u> | <u>ie of the new registered</u> |
| Name of New Registered Agent: | Marcelo 4770 Bis | Schemy | · |
| New Registered Office Address: | 4770 Bis | Emer Clorida street address | 1280 |
| | Miami Cin | Florida | 33137 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|--|----------------|
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| fan effective <mark>Note:</mark> If the | te, if other than the date date is listed, the date must be sp date inserted in this block de effective date on the Departr | secific and cannot be prio oes not meet the appli | r to date of filing or more cable statutory filing re | than 90 days after filing.) Pu | rsuant to 605.02 I not be listed |
| record spe d is filed. | ifies a delayed effective date | e, but not an effective (| time, at 12:01 a.m. on t | he earlier of: (b) The 9 | Oth day after th |
| oated | Signa | 2027 | norized representative of a | member | |
| • | Marcelo | | | | |

Filing Fee: \$25.00