

L200000041173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

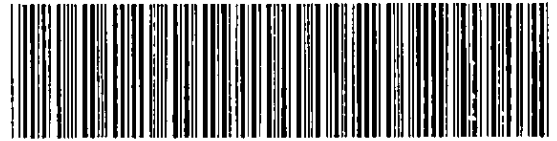
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500340855275

FILED

2020 FEB 18 AM 11:40

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JULIA ADAMS, CLERK

500340855275  
02/19/20--01013--028 \*\*30.00

RECEIVED

2020 FEB 19 PM 12:07

OFFICE OF THE CLERK  
JULIA ADAMS, CLERK

Y. SULKER

FEB 19 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURE REFLECTION CLEANING LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Devell L. Hawkins

\_\_\_\_\_  
Name of Person

Pure Reflection Cleaning LLC.

\_\_\_\_\_  
Firm/Company

1300 5th St. NE

\_\_\_\_\_  
Address

Winter Haven, FL 33881

\_\_\_\_\_  
City/State and Zip Code

Purereflectioncleaning@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Curtis L. Crossley or Devell L. Hawkins

at ( 863 ) 288.7138 or 813.652.9083  
\_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

\$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 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**

PURE REFLECTION CLEANING 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 2/5/2020 and assigned  
Florida document number L20000041173.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Daniella F. Cross-Wilkins

New Registered Office Address:

272 Briley Ct.

*Enter Florida street address*

Tallahassee

, Florida

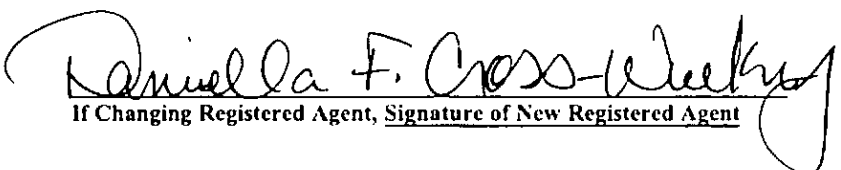
32305

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Curtis L. Crossley	4819 Summerfield Circle	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Devell L. Hawkins	1300 5th St. NE	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Under the Filing Information section the FEI/EIN Number is not entered. The EIN # for this LLC. is 84-4584453

Please update under the appropriate section.

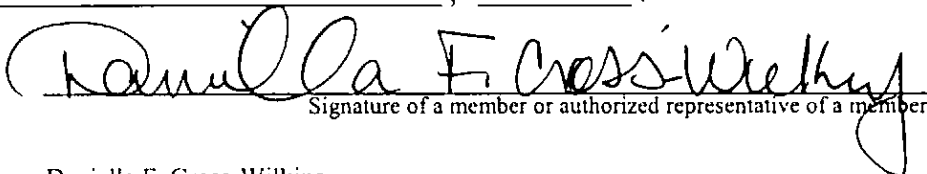
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 FEBRUARY 19, 2020

  
Signature of a member or authorized representative of a member

Daniella F. Cross-Wilkins

Typed or printed name of signee

FILE 1ST

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 183334 7175508

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 17, 2020

ORDER TIME : 9:26 AM

ORDER NO. : 183334-025

CUSTOMER NO: 7175508

Foreign Filing

Alternate NAME: COMPLIA HEALTH, LLC

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

☐ Certified Copy  
☒ Plain Stamped Copy  
☐ Certificate of Status

CONTACT PERSON: Kadesha Roberson - Ext. 62969

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROCURA, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M16000008356

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at ( ) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

☐ \$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 enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of  
PROCURA, LLC  
\_\_\_\_\_, a limited liability  
(Name of Limited Liability Company)

company duly organized and existing under the laws of MICHIGAN  
\_\_\_\_\_  
(State or Country of Organization)


Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112,  
Florida Statutes, the limited liability company hereby renounces the following  
alternate name in the state of Florida:

COMPLIA HEALTH, LLC  
\_\_\_\_\_

(Alternate Name Renounced in State of Florida)

February 17, 2020

Date

  
\_\_\_\_\_  
Signature of Authorized Person  
Kirk Isaacson, Manager

Make check payable to Florida Department of State and mail to:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2020 FEB 18 PM 1:31  
SEC. OF STATE  
TALLAHASSEE, FLORIDA