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Registration Section

TO:

Division of Corp	orations				
SUBJECT: PURE NAT	LIRAT LLC				
SUBJECT: TORE WAY	Name of Limit	led Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspor	ndence concerning this matter t	o the following:			
	Tara-Marie Malcolm				
		Name of Person			
	Pure Natural LLC				
		Firm/Company	:- '.	2	
	509 S.W 146th Terrace				
	307 5.17 11011 1011400	Address		-7	***
	Producto Piero Placido 1	2027	SSE	AM 10: 15	O
	Pembroke Pines, Florida,3	City/State and Zip Code	ـــــــــــــــــــــــــــــــــــــ	ö	<u></u> ,
	geomar24@hotmail.com			5	
	E-mail address: (to be used for future annual report notif	cation)		
For further information co	oncerning this matter, please ca	all:			
Tara-Marie Malcolm		at (954) 643 4075			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the			F) \$40.00 FUI	Ess	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Certificate of Certified Copy (additional copy) 	f Status py	
Mailing Addres		Street Address: Registration Sec	rtion		
Registration Division of C		Division of Cor			
P.O. Box 632		The Centre of T	allahassee		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURE NATURAL LLC		
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) iny)	
he Articles of Organization for this Limited Liability Company were filed or	May 01, 2024	_ and assigned
lorida document number L20000185065		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compan	ny here:	
POGLI LLC		
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
inter new principal offices address, if applicable:		
•		ED9 1- 3 .6.7
Principal office address MUST BE A STREET ADDRESS)	£ . £ .	(· · · · · · · · · · · · · · · · · · ·
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nter new mailing address, if applicable:	no.	
Mailing address MAY BE A POST OFFICE BOX)		<u> 후 (</u>
	THE LANGE	<u>5</u>
3. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name	
New Registered Office Address:		
Ente	er 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 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 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
AMBR_	JEVON G. MALCOLM	509 S.W. 146 th Terrace, Pembroke Pines, Florida .U.S	≟ aAdd
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ective date, if other than the date of filing:	(optional) w or more than 90 days after filing.) Pu	irsuant to 605.020
te: If the date inserted in this block does not meet the applicable statutor	y filing requirements, this date wi	I not be listed a
nument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01	a m on the earlier of (b). The 9	Oth day after the
s filed.	ann on the carrier on (v)	om day arror m
ed 29th May 2024 ,,		
Signature of a member or authorized represen		

Typed or printed name of signee

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7024 J. W. - 7 AM IO: 15