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	Requestor's Name)		
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	Address)		
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(/	Address)		
((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(1	Business Entity Name)		
(1	Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to I	Filing Officer:		
	1.110=::=		
J. HORNE			
OCT 1 1 2022			

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 997451, 7110577
AUTHORIZATION Spelle Ran
COST LIMIT : \$ 25.00
ORDER DATE: October 7, 2022
ORDER TIME : 8:45 AM
ORDER NO. : 997451-005
CUSTOMER NO: 7110577
DOMESTIC AMENDMENT FILING
NAME: TOTAL PURE, LLC
EFFECTIVE DATE:
ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY YX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CEVITATOWIE OF GOOD SIMMOTING

EXAMINER'S INITIALS:

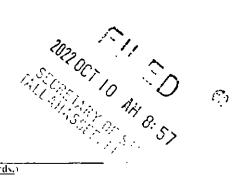
CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	istration Se sion of Cor				
SUBJECT:	TOTAL PU	JRE, LLC			
50051.01.	-	Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter			
		ANGEL GARCIA			
			Name of Person		
		MENDIVE & GARCIA L	.L		
	•		Firm/Company		
		1898 CORAL WAY			
		# ************************************	Address		
		MIAMI, FL 33193			
	•		City/State and Zip Code	<u>. </u>	
		MAIL@MGCPALLC.COM			
		E-mail address: (to be used for future annua	l report notification)	
For further int	ormation co	oncerning this matter, please c	all:		
ANGEL GAR			305 4-		
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a c	heck for the	e following amount:			
■ \$25.00 Fil	ing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy cadditional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Maili</u> Bosi	ng Address	<u>:</u>	Street A		
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O.	Box 6327	•		entre of Tallahas	
Talia	hassee, F	L 32314	2415 N	I. Monroe Street	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TOTAL PURE, 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 v	were filed on $\frac{07/0}{2}$	7/2020	and assigned
Florida document number L20000193557	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liabil	lity company her	<u>e</u> :	
FOOD NEWS IS GOOD NEWS U.S.A., LLC				
The new name must be distinguishable and contain the words "Lir	mited Liabilit	ty Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>		
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere	ed office ac	idress on our rec	ords, <u>enter the nan</u>	<u>ie of the new register</u>
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florid	a street address	-
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Address	Type of Action
			TAdd
		·	□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Add
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D. If amending any other infor				recent if necession, i.y	
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and co block does not me	annot be prior to date et the applicable s	tatutory filing requ	irements, this date will	suant to 605.0207 (not be listed as th
the record specifies a delayed effector is filed.					h day after the
Dated October 05	·	2022			
		ß			
	Signature of a me	mber or authorized	representative of a m	ember	<u>-</u>
ISAAC ZONANA SA	ABA		5		
		y pard or progress nan	ne of signee		
	·				
		/ Filing Fe	e: \$25.00		