## K2C CCO 206676

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
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(Bu	siness Entity Na	me)
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7/26/2



## **COVER LETTER**

Division of Cor	porations		
Purivy LLC			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Naor Amir		
		Name of Person	
	Purivy LLC		
		Firm/Company	
	469 N Pine Island Rd B206	5	
		Address	-
	Plantation, FL 33324		
		City/State and Zip Code	
	naoramir_purivy@outlook.c		····
		to be used for future annual report noti	[[Cation]]
For further information c	oncerning this matter, please ca	ıll:	
Naor Amir		386 405-4454	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Purivy LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability Company	were filed on 07/16/2020	and assigned
lorida document number L20000206676		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	"or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		, , , , , , , , , , , , , , , , , , ,
nter new mailing address, if applicable:		N 11
failing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	Flo	orida
	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>	Address	Type of Action
AMBR	Sandi Glauser		
		7266 NW 116th Lane, Parkland, FL 33076	■Remove
		<del></del>	Change
			□Add
			□Remove
			□Clange
			□Add
			□Remove
			□Clunge
			∃Add
			□Remove
			□Change
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			TRemove.
		· · · · · · · · · · · · · · · · · · ·	□ Clinge
			□Add
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m effectiv <u>e<b>te:</b></u> If th	date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 9 he date inserted in this block does not meet the applicable statutory filing require 's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	
is filed.		<b>5</b>
ns/c	08/2021	-2
ns/(	9 Cich (Mit)	7021 J.J21
is filed. 106/0	Nignature of a member or authorized representative of a mem	ib