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☐ PICK-UP	MAIT	MAIL
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Special Instructions to F	iling Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor		·	
PIURITY N	MAID LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARGARITA VERIGUE	TE	
		Name of Person	
	PIURITY MAID LLC		
		Firm/Company	
	4817 LUCAYA DR SUIT	E 4	
		Address	
	CAPE CORAL, FL 33904		
		City/State and Zip Code	<del></del>
	NAYIBEMERCADO@GM		· · · · · · · · · · · · · · · · · · ·
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ilication)
	oncerning this matter, prease c		
NAYIBE MERCADO		239 2445047 at ()	· · · · · · · · · · · · · · · · · · ·
Name o	of Person	Area Code Daytin	ne 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)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PIURITY MAID LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited I		were filed on	and assigned
lorida document number L20000251719	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company here:	
he new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	1715 SW 33 RD STREE	T CAPE CORAL, FL 33904
Principal office address MUST BE A STRE	ET ADDRESS)		
·			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addre	<b>-</b>	ddress on our records,	enter the name of the new registe
Name of New Registered Agent:	BAYRON CALI	LE	
New Registered Office Address:	206 SE 26 TH T	ER	
		Enter Florida street	address
	CAPE CORAL,	FL	, Florida <u>33904</u>
		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	MARGARITA VERIGUETE	4817 LUCAYA DR SUITE 4 CAPE CORAL, FL	□Ađd
		33904	Remove
			□Change
AMBR	AMBR BAYRON CALLE	206 SE 26 TH TER CAPE CORAL, FL 33904	<b>=</b> Add
		□Remove	
			□Change
			□Add
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Note:	(optional) fective date, if other than the date of filing:  [The 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
record is f	rd 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 iled.
Dated	9/28/2020
	+ Margarita Was with Signature of a member or authorized representative of a member
	MARGARITA VERIGUETE  Typed or printed name of signee

Filing Fee: \$25.00