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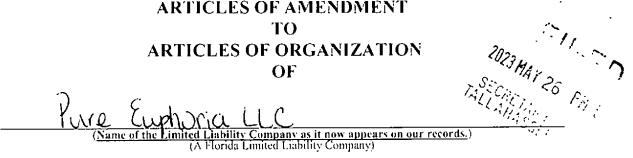
TO: Registration Section Division of Corporations				
SUBJECT: Pure Euphoria LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tamiko Finck Name of Person				
Pure Euphoria Firm/Company				
4706 Dyle Dr. Address				
Kissimmed, FL 34758 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tuniko Firek at (407) 230 2006 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & Certificate of S				
Mailing Address: Registration Section Registration Section				

TO:

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

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



(A Florida Chined Ca	tability Company)		
The Articles of Organization for this Limited Liability Company villorida document number <u>LQ100010515</u> .	were filed on <u>Apn</u>	13,2023 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	nation "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 as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	rds, enter the name of the new regis	ered
New Registered Office Address:			
	Enter Florida si	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tamiko Finck	4700 Dayle D.	XAdd
		4706 Dayle D. Kissimmer, FL 34758	□Remove
			□Change
<u>mer</u>	Mychal Glynn	4700 Dayle Dr.	🗆 Add
		4700 Dayle Dr. Kissimmer, FL 34750	Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an ei <u>Note:</u>	tive date, if other than the date of filing: May 3, 303 (optional) Tective date is listed, the date must be specific and cannot be phore to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco 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	May 23, 2003. Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00