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SECRETARY OF STATE

TALLAHASSE STATE



RECEIVED

2022 MAY 16 PM 2: 12

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FL

April 21, 2022

JORDAN ISROW 9190 SOLSTICE CIR PARKLAND, FL 33076

SUBJECT: ISROW LLC Ref. Number: L21000164499

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00009361

Querida R Silas Regulatory Specialist II

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COVER LETTER

| TO: | Registration So Division of Cor | | • | 7 • | | |
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| SUBJECT: Name of Limited Liability Company | | | | | | |
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| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | |
| | | Jordan Isrow | | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 9190 Solstice Cir | Thanktompany | | | |
| | | | Address | | | |
| | | Parkland, FL 33076 | | | | |
| | | jordanisrow@Gmail.com | City/State and Zip Code | | | |
| | | | to be used for future annual report no | tification) | | |
| For fur | ther information c | oncerning this matter, please c | all: | | | |
| Jordan | | | 561 3761014 at () | | | |
| | Name o | f Person | at () Area Code Daytir | ne Telephone Number | | |
| Enclos | ed is a check for the | ne following amount: | | | | |
| | 5.00 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 Addres Registration S | | Street Address: Registration So | ection | | |
| | | | registration of | | | |

Registration Section
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 FILED OF

402 MAY 16 AM 9: 36

Isrow LLC

(Name of the Limited Liability Company as it now appears on our EARTH OF STATE
(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 8, 2021 _____ and assigned Florida document number $\frac{L21000164499}{L21000164499}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PURECOUNSEL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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> | Name | Address | Type of Action |
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| ffective date, if other | than the date of filir | ng: | | (optional) | |
| an effective date is listed, the listed of the listed occurrent's effective date | he date must be specific and I in this block does not | nd cannot be prior to date meet the applicable s | e of filing or more than 9 statutory filing require | 0 days after filing.) Pursua | int to 605.020 of be listed a |
| | ed effective date, but no | ot an effective time, a | t 12:01 a.m. on the ea | rlier of: (b) The 90th | day after th |
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| is filed. | | 2012 | | | |
| record specifies a delayer is filed. March 22 ated | Signature | 201/2 | rannos antalias a far a se | For I | |
| Vis filed. | Signature of a | 2012 Vnember or authorized | representative of a mem | ber) | |

Filing Fee: \$25.00