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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Pure Positivitea L | 1.1 |
| SUBJECT: 1 WYE 1 VSITIVITE & E | nited Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are suf- | bmitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| <u>Kelli</u> | Bronson Name of Person |
| | Name of Person |
| | |
| | Firm/Company |
| 6032 | Wilson Ter Address |
| | Address |
| $S_{\ell}b_{r}$ | eny/State and Zip Code |
| | City/State and Zip Code |
| <u> </u> | a @ g mail. Com (to be used for future annual report notification) |
| | |
| For further information concerning this matter, please of | call: |
| Kelli Bronson | at (863) 414-8887 Area Code Daytime Telephone Number |
| Name of Person | Area Code Daytime Telephone Number |
| | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | Street Address: Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pure Positiv | itea LLC | | |
|---|--|-----------------------------|-----------------|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on a Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability C Florida document number <u>L21000188330</u> | Company were filed on4 | 122/2021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim Fueling Good Nutrition The new name must be distinguishable and contain the words "Lim | | ation "I I C" or the abbrev | iation "L.I.C." |
| Enter new principal offices address, if applicable: | med Entoney Company, the design | unos osse on the above. | 2 22 |
| Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDE | RESS) | >0 - 20 - 20 | - NG - 17 |
| Enter new mailing address, if applicable: | | ARY 65 WASSEE | 30 PH |
| (Mailing address MAY BE A POST OFFICE BOX) | | - | - TO |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our recor | ds, enter the name of | the new reg |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida s | treet address | ~ |
| | | , Florida | |
| | City | | Lip 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 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 |
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| ffective date, if of | ther than the date of ted, the date must be spec- erted in this block doc | cific and cannot be posen to the contract th | dicable statutory i | or more than 90 days | optional) after filing.) Pursu , this date will n | ant to 605.020 |
| tote: If the date ins | date on the Departme | ent of State's recor | rds. | | | |
| tote: If the date ins | | but not an effectiv | e time, at 12:01 a. | m. on the earlier o | f: (b) The 90th | day after the |
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Filing Fee: \$25.00