121000240006

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Se ivision of Cor			
		ARMA LLC		
SUBJECT	`i	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		GUSTAVO ARGANARA	z	
		<u>. </u>	Name of Person	
		REAL DREAMS USA		
			Firm/Company	
		850 NE 3RD STREET SU	ITE 107A	
			Address	
		DANIA BEACH / FLORE	DA / 33004	_
			City/State and Zip Code	
		SHOPHONEI@GMAIL.C	OM to be used for future annual report no	official and
For further	r information c	oncerning this matter, please c		ancaton,
	o arganar		786 420129	
Name of Person		at () Area Code Dayti	me Telephone Number	
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres		Street Address: Registration S	ection
	Registration Solvision of C		Division of Co	
P	O. Box 632	.7	The Centre of	
Ţ	'allahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURPLE KARMA LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 05/24/2021	and assigned
Florida document number 1.21000240006		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
CELUGO LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "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 ad agent and/or the new registered office address here:	idress on our records, enter the na	me of the new register
		287
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	1
	Either Leorena street analess	72
	, Florida _	
	City	Zip Code -
New Registered Agent's Signature, if changing Registered Agent:		O1

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
			□ Add
			□Remove
			□Change
			□Remove
		<u>-</u>	□Change
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Tective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	k does not meet	the applicab	date of filing o le statutory fi	r more than 90 da ling requireme	(optional) nys after filing.) F nts, this date w	ursuant to 605.0207 ill not be listed as
ecord specifies a delayed effective is filed.	late, but not an c	effective tim	e, at 12:01 a.r	n, on the earlie	r of: (b) The !	90th day after the
JUNE 30		021	. •			
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Filing Fee: \$25.00