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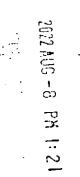
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Pure	BARRE	FUN	MARCO, LLC
SUBJECT	•	<u> </u>	Name o	of Limited Liability Company
The enclose	d Articles of A	mendment and	l tee(s) are	re submitted for filing.
Please retur	n all correspon	dence concern	ing this m	natter to the following:
			t	tayes Havener
		<u></u> _		Name of Person
			Pure	BARFE PAN MAKO, CLC Firm/Company
				Firm/Company
			4940	y Arapahoe Ave
				Address
				Vary 52-17/11/2 5 27.212
				JAUKSON VILLE, FX 32210 City/State and Zip Code
			HH11	avener@purebarre.com
		<u></u>	E-mail addr	ress: (to be used for future annual report notification)
For further	information co	ncerning this n	natter, plea	rase call:
Ho	lyes Hav	ever		at (334) 327 - 1211 Area Code Daytime Telephone Number
	Name of	Person		Area Code Daytime Telephone Number
Enclosed is	a check for the	following am	ount:	
\$25.00	Filing Fee	□ \$30.00 Fi Certifica	ling Fee & te of Statu	
	ailing Address:			Street Address: Davistration Section
	egistration Se vision of Co			Registration Section Division of Corporations
Ρ.	O. Box 6327	•		The Centre of Tallahassee
Ta	llahassee, Fl	. 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rure barre mi	N MARCO, LLC
(Name of the Limited Liability (A Florida	y <u>Company as it now appears on our records.</u>) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>LLL000163795</u>	ompany were filed on JUNC 22, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u> PB SAN MAR O , UU	ed liability company here:
	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS)
	022
	A -
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	. <u>~</u>
	office address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	rmer v toriau street address
	, Florida
	Cuy 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being acor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MUR	RYAN L HAVENER	4944 ARAPANOE AVE	□ Add
	•	Jackhonville, Fr 32210	[Skemove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		Φ	<u> </u>
		P.K.	u u
		: 21	
etive date, if other than the date of filing: The fleetive date is listed, the date must be specific and cannot be prior to date of filing or more that If the date inserted in this block does not meet the applicable statutory filing requested in the Department of State's records.		g.) Pursuai	
ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the filed.	e earlier of: (b) T	The 90th d	lay after t
Hayu Havener			