

122 000 313426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

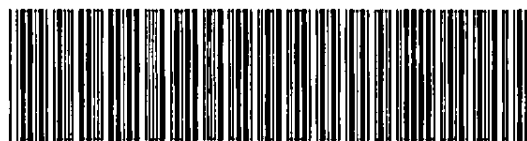
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800393212888

01/20/2022 01:23:10 PM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 AUG 23 PM 3:19

J DENNIS  
NOV 15 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PURE NU 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:

MUSTAFA EDMÉ  
Name of Person

(PURE NU LLC)

Firm/Company

6807 ABBOTT AVE  
Address

MIAMI BEACH FL 33141  
City/State and Zip Code

PURENU43@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MUSTAFA EDMÉ at (917) 834 0729  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

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

**Street Address:**

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  
OF**

PURE NU LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/14/2022 and assigned Florida document number L22000313476.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6807 ABBOTT AVE APT #10

MIAMI BEACH FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 E LAS OLAS BLVD STE. 130396

FT. LAUDERDALE FL 33301

**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:

MUSTAFA EDMÉ

New Registered Office Address:

6807 ABBOTT AVE APT #10

*Enter Florida street address*

MIAMI BEACH

*City*

Florida

33141

*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.*

M. al

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MUSTAFA EDME	6807 ABBOTT AVE APT #10	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL	<input type="checkbox"/> Remove
		33141	<input checked="" type="checkbox"/> Change
MGR	WADYNE GUILLUAME	1518 NW 15TH CT.	<input type="checkbox"/> Add
		FT LAUDERDALE FL.	<input checked="" type="checkbox"/> Remove
		33311	<input type="checkbox"/> Change
AMBR	ASHLEY BOBB	1168 NW 30TH AVE	<input checked="" type="checkbox"/> Add
	<del>AMTHORIZED</del>	FT LAUDERDALE FL.	<input type="checkbox"/> Remove
		33311	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Aug. 19, 2022

M. A.

Signature of a member or authorized representative of a member

MUSTAFA EDMÉ

Typed or printed name of signee