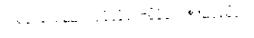
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER
DEC - 8 2022

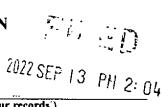
COVER LETTER

TO:

	Registration Se Division of Co			
SUBJEC	OmniCor I	J.C		
30001.0	, I · . <u></u>	Name of Lin	ited Liability Company	
l'he enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease re	turn all correspo	ondence concerning this matter	to the following:	
		Jacqueline		
			Name of Person	*** **********************************
		ZenBusiness INC		
		·	Firm/Company	
		336 E. College Ave Suite	301	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Jacqueline		
		Tallahassee, Fl. 32301		
			•	<u>.</u>
				·
والمعالية المراكة				ncation)
or turin	er intormation c	oncerning this matter, please c	aii:	
Jacquelir	ne c/o ZenBusin	ess INC		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	ne following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ction
	Division of C		Division of Cor	

P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OmniCor 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 07/21/2022	and assigned	
Florida document number 1.22000324716			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
PurelyPure Organics LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8369 Annapolis Road		
Principal office address MUST BE A STREET ADDRESS)	Spring Hill, Ft. 34608		
Enter new mailing address, if applicable:	8369 Annapolis Road		
Mailing address MAY BE A POST OFFICE BOX)	Spring Hill, FL 34608		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florid		
	City	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 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>	Address	Type of Action
AMBR	Adrian Tribbitt	8369 Annapolis Road	□Add
		Spring Hill, FL 34608	□Remove
			
	-	- ,	□Add
			□Remove
			□Change
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the app	licable statutory filing re	(optiona than 90 days after file equirements, this day	al) ng.) Pursuant to 605.0207 ate will not be listed as
e record specifies a delayed effective d is filed.	date, but not an effective	time, at 12:01 a.m. on (the earlier of: (b)	The 90th day after the
Dated September 8th	2022	·		
/s/ Adriar				
 ,	Signature of a member or an	thorized representative of	n mamb.re	
·	ingulate of a member of ad	the representative or	a member	

. . . .

Filing Fee: \$25.00