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SECRETARY OF STATE TALLAHASSEE, FL

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# **COVER LETTER**

#### TO: Registration Section Division of Corporations

PURE BEAUTY & BODY LLC

SUBJECT: \_\_\_\_

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:

RICHARD BOLKO

Name of Person

R. BOLKO, CPA P.A.

Firm/Company

1825 NW CORPORATE BLVD 110

Address

BOCA RATON, FL 33431

City/State and Zip Code

RICHARD@BOLKOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD BOLKO

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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 BEAUTY & BODY LLC   |  |                   |
|--|--|-------------------|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | y <u>as it now appears on our records.</u> )<br>ability Company) |                   |
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L22000390928</u> . | were filed on  | and assigned      |
| This amendment is submitted to amend the following:  |  |                   |
| A. If amending name, <u>enter the new name of the limited liabil</u>   | <u>ity company here</u> :  |                   |
| The new name must be distinguishable and contain the words "Limited Liabilit                                       | ty Company." the designation "LLC" or the abbr                   | eviation "L.L.C." |
| Enter new principal offices address, if applicable:  | are a, 2, 1  |                   |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>   |                   |
|  | ·  |                   |
| Enter new mailing address, if applicable:  |  |                   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                   |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:  $\exists 0 \ \forall 0 \ \ 0 \ \forall$ 

|                                |                              |          | B        |              |
|--------------------------------|------------------------------|----------|----------|--------------|
|                                |                              | A T      | (        | ****         |
| Name of New Registered Agent:  |                              | E S      | <u>_</u> |              |
|                                |                              | \$2 × 1  |          |              |
| New Registered Office Address: |                              | 유용       | Å        |              |
|                                | Enter Florida street address | N. IT    | و        | $ \bigcirc $ |
|                                |                              | FA       | Ē        |              |
|                                | , Florida                    |          | <u> </u> |              |
|                                | Ciņ                          | Zip Code | 2        |              |

## 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> | Name                | Address                   | Type of Action |
|--------------|---------------------|---------------------------|----------------|
| MGR          | Bartłomiej Zalewski | 13256 TEMPLE BLVD         | ≣∧dd           |
|              |                     | WEST PALM BEACH, FL 33412 |                |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 OCTOBER 25 | 2022   |  |
|------------------|--|--|
| N                | Lubda Lourown  |  |
|                  | Signature of a member or authorized representative of a member |  |
| IZABELA LACHOW   | ICZ  |  |

Typed or printed name of signee