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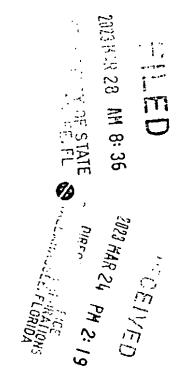
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Office Use Only



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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK UI	P: <u>MISTY 3/24</u>
VV	CERTIFIED COPY	
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XX	FILING	LLC AMEND
	PURE HARMONY & CO. CORPORATE NAME AND DOCUMENT	
-{(CORPORATE NAME AND DOCUMENT	Γ#)
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PECIAL ISTRUC	TIONS:	

COVER LETTER

SUBJECT: Pure Harmony & Co Name of Limite The enclosed Articles of Amendment and fee(s) are subm Please return all correspondence concerning this matter to Candace Fend Pure Harmo	the following: derson Name of Person			
The enclosed Articles of Amendment and fee(s) are subm Please return all correspondence concerning this matter to Candace Fend	o the following: derson Name of Person			
Please return all correspondence concerning this matter to Candace Fend	the following: derson Name of Person			
Candace Fend	derson Name of Person			
	Name of Person			
Pure Harmo				
Pure Harmo				
	ony & Co.			
	Firm/Company			
11111 San Je	ose Blvd Ste#56-1072	2		
Address				
Jacksonville, FL 32223				
City/State and Zip Code				
·	rmonyandco.com be used for future annual rep	port notification)		
For further information concerning this matter, please call				
Candace Fenderson at (904) 501-1565				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &		

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2023

CORPORATE ACCESS

Corrected

SUBJECT: PURE HARMONY & CO. LLC

Ref. Number: L22000488940

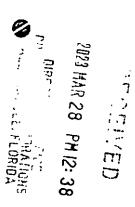
We have received your document for PURE HARMONY & CO. LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the Articles of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 723A00006975



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure Flarmony & Co. ELC

ED

2023 HAR 28 AM 8: 36

HED-LY OF STATE

(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appear ty Company)	rs on our records.}	
The Articles of Organization for this Limited Liability Company were	filed on	: 1/15/2022	and assigned
Florida document numberL22000488940			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company he	<u>ere</u> :	
The new name most be dislinguishable and contain the words "Limited Gability Co	mnany " the d	lesignation "LLC" or the a	thbreviation "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 registered agent and/or the new registered office address here:	address on	ı our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	l'inter Flor	rida street address	·
		Florida	
	Ήγ.		Zip Coste
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfeacept the obligations of my position as registered agent as provided to merely reflect a change in the registered office oddreompany has been notified in writing of this change.	ormance of ded for in ((my duties, and Lam Chapter 603, F.S. Or	familiar with and r, if this document is

Page Lof 3

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					
Fitle	Name	Address	Type of Action		
			_ D Add		
			. □ Remove		
			C hange		
			الماري ا		
			□ Remove		
			Change		
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Page 3 of 3

Filing Fee: \$25.00