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(Requestor's Name)
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PICK-UP WAIT MAIL
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Codification of Coding
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Special Instructions to Filing Officer:

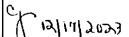




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2023 DEC - 4 1:10: 54



COVER LETTER

Divi	ision of Corp	porations			
SUBJECT:	PURE VAL	UE LOGISTICS AND MULT	I SERVICES.LLC		
SUBJECT		Name of Lim	ted Liability Company		
The enclosed	Articles of z	Amendment and fee(s) are sub-	mitted for tiling.		
Please return	all correspoi	ndence concerning this matter	to the following:		
		VLADIMY PLAISIR			
			Name of Person		<u>_</u>
		PURE VALUE LOGISTIC	S AND MULTI SERVIC	CES.LLC	
			Firm/Company		
		1950 PAINE AVE			
			Address		
		JACKSONVILLE, FL 322	11		
			City/State and Zip Code		
		VLADIMYPLAISIR@GM.	AIL.COM o be used for future annual i	many vatifications	
Man Alanda and a	· c			report nonneation/	
ror luttner in	normation co	oncerning this matter, please ca	MI:		
VLADIMY :	PLAISIR			99896	
_	Name of	Person	Area Code	Daytime Telephor	ne Number
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address	<u>i:</u>	Street Ad	ldress:	

TO:

Registration Section

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

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 VALUE LOGISTICS AND MULTI SERVICES.LLC

2023 [20] -4 [20] 10: 54

(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 Co	ompany were filed on 07/25/20	23 and assigned
Florida document number $\frac{1.23000350341}{1.23000350341}$		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
PURE DREAMS MULTI SERVICES LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designal	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str.	eet address
	2011C 1 107 INC 117	
nerve all residences	City	, Florida Zip Code
Nam Basistanad Agant's Signatura if abangian Basistanas	•	ing contact

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:

MCR =	Manager	
1.16114	· lanagei	
AMBR =	= Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
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Filing Fee: \$25.00