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CT 10/22/2023

COVER LETTER

Division of Cor			
SUBJECT:	re For Y, LL	C	
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ni cole	Barrett Name of Person	
	^	Name of Person	· · · · · · · · · · · · · · · · · · ·
	Yure	For U, LLC	
		Firm/Company	
	597	Remington Oa Address	k Dalve
		Address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Lake	Mary, FL 3274 City/State and Zip Code	16
	hical	e barrett 11070 to be used for future annual repo	gmail. Com
For further information of	oncerning this matter, please c		or notification;
	•		(
Ni cole	barrett	at (407)	635-0941
Name o	t Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	CI CSS ON William Day &	C S60 00 Wiling Box
32 \$25.00 Fining rec	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (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	For U LLC. 2023 (CT 16 MIII: 57
(Name of the Limited Liabili (A Florida	iy Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L \3000 433\500</u>	Company were filed on September 18, 2023 and assigned effective September 12, 2023
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
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:	d office address on our records, <u>enter the name of the new registered</u>
agent analyst the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Ma	ına	ger
		_	-

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Nicole Barrett	597 Armington Cake Drive	√∧dd
		Lake Mary, FL 32746	□ Remove
			□ Change
AMBA	Patrick Barrett	597 Remington Oak Drive	5\Add
		Lake Mary, FL 32746	□ Remove
			□Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□l Change
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			□Change

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f an effectiv <mark>Note:</mark> If il	date, if other than the date of filing:
record sp I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 10 Jos3
	\mathcal{M}
	Signature of a member or authorized representative of a member