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COVER LETTER

TO:	Registration Se Division of Cor			
SHRII	FCT: Puce.	Immunity UC		
5013	.cr	Immunity UC Name of Lin	nited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Johanna Calderon Name of Person	<u> </u>
			Pure Immunity L	LC
			· ····· company	
		ટેલ્પ	O fine Cay	
			Address	
		wolf	City/State and Zip Code	
		Pullin	monity IC @ gmail. Co.	<u> </u>
For fue	than information		-	ication)
t or rur	mer information ce	oncerning this matter, please co	att;	
_	Johanna	Calderon	at (305) 797 - 8 Area Code Daytime	3747
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
2 /\$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
	Mailing Address	<u>.</u>	Street Address:	

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 Immunity	LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ3000479639</u> .	were filed on 10/19/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3640 Pire Cay	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33	41)
		<u>-</u>
Enter new mailing address, if applicable:		- j
(Mailing address MAY BE A POST OFFICE BOX)		1

P. If amonding the president department of the state of t		i dik
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the nam	ie of the new registere
		=
Name of New Registered Agent:		()
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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>	Name	Address	Type of Action
AR	Catalina Yutionic	13098 Persimmon Blud	□Add
		west Palm Beach, FL 33411	TRemove
			□ Change
			□Add
			CIRemove
			Change
			□Add
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	Dated	February 20th 2024
		Signature of a member or authorized representative of a member
Johanna Calderon		
		Johanna Calderon

Filing Fee: \$25.00