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2024 MAY 13 PH 1: 08 SECRETARY OF STATE

## **COVER LETTER**

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0115.15		er Group, LLC		
SUBJE	CI:	Name of Lim	nited Liability Company	<del></del>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		Tiffany Wagner		
			Name of Person	<del></del>
		The Wagner Group LLC		2024 MAY 13 PH TO 8 SECRETABLE OF STATE
			Firm/Company	一点支
		2916 Anchor Dr		3
			Address	
		Ormond Beach, Fl 32176		7.00
		<del></del>	City/State and Zip Code	121
		wagco23@gmail.com		<u></u>
			to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please c	all:	
Tiffany	Wagner		904 2520262 at ()	
	Name o	if Person	Area Code Daytime Telephone Nu	umber
Enclose	d is a check for the	he following amount:		
■ \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	ite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li he Articles of Organization for this Limited Liability Company v		
-	vers filed on 10/24/2023	
	were med on	and assigned
lorida document number L23000486635		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
he Pura Vida Group LLC		
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	2916 Anchor Dr	福星可
Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, Fl 32176	
		, ω ( <sub>1</sub> , ω)
		379 P
nter new mailing address, if applicable:	2916 Anchor Dr	ma :
Mailing address MAY BE A POST OFFICE BOX	Ormond Beach, Fl 32176	O

## 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>	<u>Name</u>	Address	Type of Action
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fective date, if other than than effective date is listed, the date in	ust be specific and	d cannot be prio	r to date of filing	g or more than 90 c		g.) Pursuant to 605.	
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record specifies a delayed effect	ive date, but no	t an effective t	ime, at 12:01:	a.m. on the earli	ier of: (b)	The 90th day after	the
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	Signature of	ntember of auti	iorized represen	tative of a member	er .		