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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division o	of Corporations					
	E FILTATION LLC					
Name of Limited Liability Company						
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.				
Please return all co.	prrespondence concerning this man	tter to the following:				
	Javier Garcia					
Name of Person						
	PURE FILTATION LL	.C				
Firm/Company						
	339 Dolcetto Dr					
	Address					
	Davenport, Fl. 33897					
	City/State and Zip Code					
	andrearbelaez@gmail.co					
		ss: (to be used for future annual report no	nucauon)			
For further informa	ation concerning this matter, pleas	se call:				
Andrea Arbelaez		407 724-7676 at ()				
Name of Person		Area Code Daytii	me Telephone Number			
Enclosed is a check	k for the following amount:					
■ \$25.00 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 (additional copy is enclosed)			
Mailing A		Street Address:	extion			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<del>-</del> -	_
PURE FILTATION LLC		2024 APR 11 54 1:53
	· Company as it now appears on o Limited Liability Company)	ur records.) Dy 1: 52
(A Florida	Limited Liability Company)	THE PARTY OF THE P
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{03/04/26}{2}$	24 and assigned
Florida document number 1.24000107998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
PURE FILTRATIONS LLC		
The new name must be distinguishable and contain the words "Linus	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
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	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	rect address
		, Florida
<del></del> -	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 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
			CIAdd
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐Change
			□Add
			Remove
			□Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: \_\_ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated March 12th 2024 Signature of a member or authorized representative of a member JAVIER GARCIA Typed or printed name of signce

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