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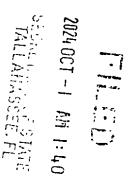
(Re	equestor's Name)		
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(Document Number)			
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	ration Section of Corpor				
SUBJECT:	Pure	Pressure Miami Limite	d Liability Company		
30 B 3EC1		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all	corresponde	ence concerning this matter	to the following:		
			Jose L. Hernandez		
			Name of Person		
		Pure Pressure	Miami Limited Liabi	lity Company	
			Firm/Company		
		131	7 Edgewater Drive #3	3503	
			Address		
			Orlando, FL 3280	4	
			City/State and Zip Code		
	_		oressureemia@gmail.c		
5 6 1 6 6	_		to be used for future annual	report notification)	
For further infor	mation conc	erning this matter, please ca	all:		
Jos	se L. Herr	nandez	at ()	305-301-66	18
	Name of Pe	rson	Area Code	Daytime Telepho	one Number
Enclosed is a che	eck for the fe	ollowing amount:			
□ \$25.00 Filin	g Fec	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u>	Address:		Street Ad	ldress:	

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

Docusign Envelope ID: 87A100A8-35CF-49CD-A226-17517AE6169C

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pure Pressure Miami Limited Liability Company

(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 Company were filed on _ Florida document number _i 24 06 6 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida City

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

Docusign Envelope ID: 87A100A8-35CF-49CD-A226-17517AE6169C
II amending Authorized rerson(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
MGR	Melisa Herrera	1317 Edgewater Drive Orlando, FL 32804	DAdd
			X Remove
			□Change
MGR	Ethan Hernandez	1317 Edgewater Drive Orlando, FL 32804	*∆Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			🗆 Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·
E. Effective date, if other than the date of filing:
f 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 ecord is filed.
09/16/2024
Dated
Dated Docusigned by: Helisa Henera 1083E4F1825F434
Signature of a member or authorized representative of a member
Melisa Herrera
Typed or printed name of signee

Filing Fee: \$25.00