(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Capies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEC 11 2018

T. LEMIEUX

COVER LETTER

Division of Corporations Pure Moving & storage CORP. NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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	to Articles of Inco	rporation	
0	, of	<i>C</i>	
Pure Movin	a and	Storage	(or p
(Name of Corpo	ration as currently	filed with the Flori	da Depti of State - 3 P 1: 26
P 19,000	65038		
(Do	ocument Number of C	Corporation (if know	m)
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corpoi	vation adopts the following amendment(s
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "C	o". A professional	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)		-	
Trincipal office address most BE A STREET	IDDINESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>(BOX</u>)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ss in Florida, enter	the name of the
Name of New Registered Agent			
<u></u>			
	(Florida stree	t address)	
New Registered Office Address:			, Florida
	10	Tity)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		th and accept the ob	ligations of the position.
	Signature of New Res	gistered Agent, if ch	anging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,	,				
X Change	<u>PT</u>	John Do	<u>ię</u>			
X Remove	<u>V</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1)Change	MEM	<u>l</u> R	AZ	Partner	Colu	
Add						2719 Coney Tsland ave Brooklyn, NY 11235
Remove						Brooklyn, NY 11235
2) Change		_			·	
Add						
Remove						
3) Change		_		·		
Add						
Remove						
4) Change		_				
Add						
Remove						<u> </u>
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voing group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated $\frac{11}{\sqrt{39/18}}$	
Signature	
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe	r court
appointed fiduciary by that fiduciary)	
Jacob Hillmon	
(Typed or printed name of person signing)	
Registered Agest (Cresid	ent
(Title of person signing)	