P00000049042

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:JAZ R	ODZ MANAGEMENT SE	RVICES, INC.
DOCUMENT NUM	MBER:	P0600004904	2
The enclosed Articl	es of Amendment and fee	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
_		EPHEN T. PALMER	
	ŗ	Name of Contact Person	
	PALMER FIN	IANCIAL CONSULTING, INC	<u>, </u>
		Firm/ Company	
_	1730 S	FEDERAL HWY, #296	
		Address	
		AY BEACH, FL 33483	
	C	City/ State and Zip Code	
	SPALMER E-mail address: (to be use	RPFC@GMAIL.COM ad for future annual report notification)
For further informat	ion concerning this matter,	please call:	
STEP	HEN T. PALMER	at (at (561) Area Code & Daytime 1	856-8035
Name o	of Contact Person	Area Code & Daytime T	Telephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Ade Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle

Articles of Amendment to **Articles of Incorporation**

JAZ RODZ MANA	GEMENT SERVICE	ES. INC.
(Name of Corporation as cur		
P0	6000049042	Ch.
(Document Nu	mber of Corporation (if kno	own)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		Ilorida Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation;	
PURE H	EALTHY LIFE, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name of the
Name of New Registered Agent:	STEPHEN T. PALME	:R
New Registered Office Address:	1730 S. FEDERAL H (Florida street d	
	DELRAY BEACH (City)	Florida 33483 (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with accept the obligations of the position.

e of New Registered Agent, if changing

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)

<u>Title</u>	Name	Address	Type of Action
· · · · · · · · · · · · · · · · · · ·			☐ Add☐ Remove
			☐ Add ☐ Remove
	dditional sheets, if necessary). (Be sp		
F. If an a	mendment provides for an exchange,	reclassification, or cancel	lation of issued shares,
<u>provisi</u>	ons for implementing the amendment not applicable, indicate N/A)	if not contained in the ar	nendment itself:

The date of each amendment(s) adoption: 05/13/2010
Effective date if applicable: 05/13/2010 (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (By a director, president or other officer if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JASMIN E. RODRIGUEZ
(Typed or printed name of person signing)
PRESIDENT, SECRETARY (Title of person signing)