## P08000087982

(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
· (Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEF FIRE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: POR Style Organics Inc.							
DOCUMENT NUMBER: 10300057782							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Paula M. Rige II  Name of Contact Person							
Pure Style Organics Inc.							
9280c Boxa Gardens Pkwy							
Boca Roten Ft 33496 City/ State and Zip Code							
Binal address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Faula M Rigoli at (56) 716-3338							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
□\$35 Filing Fee  □\$43.75 Filing Fee & □\$52.50 Filing Fee  Certificate of Status							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301							

## Articles of Amendment to Articles of Incorporation of

tore Style Organic							
(Name of Corporation as currently fi	led with the Fl	orida Dept. of S	State)				
P0800087182							
(Document Number of Corporation (if known)							
Pursuant to the provisions of section 607.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, thi	is <i>Flo<b>rida Prof</b>i</i>	it Corporation	adopts th	e following		
A. If amending name, enter the new name of the co	orporation:						
name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	ation "Corp,"	"Inc," or "Co"	. A professio	orated" o			
B. Enter new principal office address, if applicable	<u> </u>			<u>-i</u> -	_		
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS )			ALL ALL	3		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			AHASSEE, FLORIDA	FILED		
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent:			enter the nam	e of the			
New Registered Office Address:	(Florida str	eet address)	····				
w			, Florida <i>Zip Code)</i>		_		
	(City)	(	Zip Code)				
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar w	ith and accept to		of the posi	ition.		

## 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)

Title -f	Name Steiknhazuski	Address 2407 VenefranWay Beynton Brach, Re 33426	Type of Action  Add  Remove
<del></del>			☐ Add☐ Remove
<del></del>			☐ Add☐ Remove
	ling or adding additional Articles, entereditional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, roons for implementing the amendment in ot applicable, indicate N/A)		

The date of each amendment(s		109
F-0045 3-4-10	(aate of aa	option is required)
Effective date <u>if applicable</u> :	no more than 90 days after o	mendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were		. The number of votes cast for the amendment(s)
		es through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was	were sufficient for approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1)	voting group)	
The amendment(s) was/were action was not required.	adopted by the board of dire	ctors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporator	s without shareholder action and shareholder
Dated	1/09	<u> </u>
Signature C	taula IX Ke	ill
	director, president or other	officer - if directors or officers have not been
	ed, by an incorporator – if ir nted fiduciary by that fiducia	the hands of a receiver, trustee, or other court ary)
	Paula M RI	go/i
	(Typed or printed	name of person signing)
	Resident	
	(Title of person signi	ng)