P08 000089971

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PURA VIDA DAII	RY INC.			
DOCUMENT NUM	PASAGAA89971				
The enclosed Articles	of Amendment and fee are su	hmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Lilliana Murillo				
		Name of Contact Person			
	Pura Vida Dairy, Inc.				
		Firm/ Company	<u></u>		
	3130 W 84th St. Unit#1				
	Address				
	Hialeah/ FL 33018				
	City/ State and Zip Code				
	puravidainc@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Victor Fermin		at (_)		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PURA VIDA DAIRT INC.				
(<u>Name c</u>	of Corporation as currentl	y filed with the Florida Dept.	of State)	
P08000089971				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation add	opts the following amendmen	nt(s) to
A. If amending name, enter the new na	ime of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". 2	I professional corporation na	or the abbreviation "Corp.,"	
B. Enter new principal office address, (Principal office address MUST BE A S				2020 AI
			· -	5
		J		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)				P:
(Studing dautess <u>STAT DE ATOST</u>)	(MTTCE BOX)	 		6: <u>-</u>
				ي. سا
D. If amending the registered agent ar new registered agent and/or the new			e of the	
	Victor Fermin	<u>-</u>		
<u>Name of New Registered Agent</u>	3130 W 84th St. Unit #1			
		vet address)		
	Hialeah		33018	
New Registered Office Address:		(City)	Florida(Zip Code)	
		(Suit)	Trip Conce	
New Registered Agent's Signature, if c	hanging Registered Agent	• •		
I hereby accept the appointment as regist	ered agent. I am familiar v	with and accept the obligations	of the position.	
	$L \sim 0$	_		
<i>\\/</i>	f. (Tun	~ /		
	Signature of New R	egistered Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	Victor Fermin	3130 W 84th St. Unit #1
X Add			Hialeah, FL 33018
Remove			
2) Change	S	Jennifer Rodriguez	3130 W 84th St. Unit #1
X Add			Hiateah, FL 33018
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

	dding additional Ar sheets, if necessary).	. (Be specific)			
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<u>-</u>					
lf an amendmen	t provides for an exc	change, reclassificat	ion, or cancellation (of issued shares,	
provisions for it	mplementing the am	rendment if not con	tained in the amends	nent itself:	
	cable, indicate N/A)				
1					
				<u>-</u>	···········
			.,		

06/01/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/01/2020	
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 require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shaction was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by	
Dated 8-7-2020.	
Signature (By a director of resident or other officer – if directors or officers l	Java not heen
selected, by an incorporator – it in the hands of a receiver, trustee	
	c, or other court
appointed fiduciary by that fiduciary)	
LIVIANA MURIJIO	
(Typed or printed name of person signing)	
(1 yped of printed dame of person signing)	
\mathcal{D} , Δ	
(Title of person signing)	