

P090000093829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

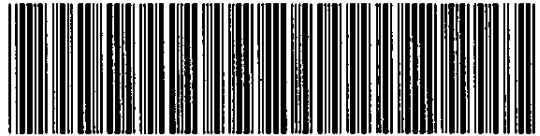
(Document Number)

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100163113581

Amend

100163113581
12/03/09--01033--003 **35.00

FILED
2009 DEC -3 AM 10:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

*For
12/8/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pure Life Essentials, Inc

DOCUMENT NUMBER: P 0900009329

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nan Berkowitz
Name of Contact Person

Pure Life Essentials, Inc
Firm/ Company

5681 Caruso Ct #102
Address

Boynton Beach FL 33437
City/ State and Zip Code

nanb1247@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nan Berkowitz at (561) 734-6615 or 561-414-5096
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:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sect	Nan Berkowitz	5681 Caruso Ct # 102 Boynton Beach FL 33437	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
9/17 PVST Sect	Steven Zbarsky	123 N Congress Ave # 346 Boynton Beach FL 33426	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PVT	Steven Zbarsky	123 N Congress Ave # 346 Boynton Beach FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 12-1-09
(date of adoption is required)

Effective date if applicable: _____
(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):*

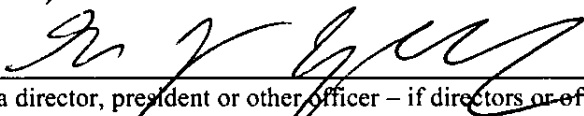
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated Dec 1, 2009

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)

Steven J Zbarsky
(Typed or printed name of person signing)

President
(Title of person signing)