P09000093829

(Re	equestor's Name)	
(Ac	idress)	
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: PURE LIFE ESSENTIALS, INC. DOCUMENT NUMBER: P09000093829
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven Zbarsky Name of Contast Person Pure Life Essentials Inc Firm/Company 123 N Congress Ava 346 Roynton Blach FL 33426 City/Shate and Zip Code Pand 1247 & Yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Zbarsky at 954 684-7940 Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (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 to Articles of Incorporation

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	Articles of Incorporation	#2 nrz =
Pura L. Ca Ess	2 of Ting	#2 OCT -5 AMII: 52
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	-
P 09000093	3829	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of Pure Life Essent; name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	als—Making Love in the word "corporation," "company," or "incor" "Corp" "Inc," or "Co". A professional corporation	porated" or the abbreviation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		H
	registered office address in Florida, enter the n	ame of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Agent	N_///	_
	(Florida street address)	_
New Projection of Office Address		i
New Registered Office Address:	(City), Florid	(Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:	
	igent. I am familiar with and accept the obligati	ons of the position.
Signatur	re 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)

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 <math>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>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				1/1/1
Remove				N / / /
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		-
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		-
Add				
Remove				

If amending or adding additional Arti Attach additional sheets. if necessary).	(Be specific)
	n l l
	W 17)
If an amandment provides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	1 12
	N / r)

40/2/2010
The date of each amendment(s) adoption: $\frac{10/4/30/4}{10/4}$
Effective date if applicable: $\frac{10/2/20/2}{}$
(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 10/2/2012
Signature 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 Zbarsky
(Typed or printed name of person signing)
President
(Title of person signing)