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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Full Green Circle Corp DOCUMENT NUMBER: P11000023515 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suzanne A. Dockerty, Esquire Name of Contact Person Suzanne A. Dockerty, P.A. Firm/ Company 110 Merrick Way, Suite 3B Address Coral Gables, FL 33134 City/ State and Zip Code sd@dockertylaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Suzanne A. Dockerty, Esquire 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Full Green Circle Corp	ATTIMISANCE STATE
(Name of Corporation as currently filed with the Florida I	Dept. of State) Latinsbald, BLUKID
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nent(s) to

P11000023515		aq	·
(Document Numbe	er of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporatio	on adopts the following amendm
A. If amending name, enter the new name of th	e corporation:		
Pure Formulas, Inc.			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	"orp." "Inc." or "Co"	'. A professional coi	corporated" or the abbreviatio rporation name must contain th
B. Enter new principal office address, if applica	able:		
(Principal office address MUST BE A STREET A	ADDRESS)		
	-		AND SALE
	-		
C. Enter new mailing address, if applicable:			
(Mulling address MAY BE A POST OFFICE	(BOX)		M. danier
	-		
	_		
D. If amending the registered agent and/or reg	istared office uddross	in Florida, enter the	e name of the
new registered agent and/or the new registe		III T TOTAL THE TAX	, mane v. me
Name of New Registered Agent			
 	(Florida street	address)	**************************************
New Registered Office Address:		. Flo	or ida
Ten regimenta Office Address.	(City)	; • ••	(Zip Code)
	Barta LATA		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	<u>Registered Agent:</u> int. I am familiar with	and accept the oblig	ations of the position.
· · · · · · · · · · · · · · · · · · ·			
Signature o	of New Registered Age	nt, 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 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> <u>Joh</u>	n Doe	
X Remove	<u>V Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•••		
Add			
Remove			
6) Change			
Add			***************************************
Remove			

	(Re specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis analysis analysi
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angle of the angle of the same o
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an endment it not contained in the amendment itself:

date this document was signed.	ropaon;	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
I'he amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated Decemb	per 22, 2014	
Signature	My	
	irector, president of other officer - if directors or officers have not been	
appoin	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Jose L. Prendes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	