P12000052987

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	. WAIT	MAIL .
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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AUG 2 0 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: PURE O	IL à GAS I	Ne.
DOCUMENT NUMBER	TION: PURE 0	,0652988	
	Imendment and fee are su		
Please return all correspon	ndence concerning this man	tter to the following:	
	DALE	TWARDOWSKI Name of Contact Perso	on .
	Аса	Firm/ Company	C
	28	471 US HWY	19 N
		CIEAR WATER City/ State and Zip Coo	FL 33761
		DALES AccoUNTTAY ed for future annual repor	
For further information ec	ncerning this matter, pleas	se call:	
DALÉ	TWARDOWSKI	at (7\rm 7\rm	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Dep	partment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	<u>Address</u> nent Section of Corporations x 6327 ssee, FL 32314	Amen Divisi Clifto	t Address Idment Section Idment Sect

Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
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SECTIONS	GET)	N S	TATE,

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(Name of Corporation as current)		(State) ALL AHAGEST STATE
P120000	52968	
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ent(s) to

(Name of Corporation as cus	300052968	Will by the
(Document No	umber of Corporation (if	known)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this I	Ilorida Profit Corporation adopts the following an
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association	n "Corp." "Inc," or "C	Th " "company," or "incorporated" or the abbre to". A professional corporation name must com t.A."
B. Enter new principal office address, if a		28471 US HIGHWAY 19 N
(Principal office address <u>MUST BE A STRE</u>	<u>EET ADDRESS</u>)	28471 US HIGHWAY 19 N SUITE 506
		CLEARWATER FL 33761
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28471 US HIGHWAY 19 N SUITE SOG CLEARWATER FL 33761
		CLEARWATER FL 33761
D. If amending the registered agent and/or new registered agent and/or the new re		ess in Florida, enter the name of the
Name of New Registered Agent		
	26471 US	HIGHWAY 19N # SOL
New Registered Office Address:	/Claulda neva	et address) Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if change the hereby accept the appointment as registered		ith and accept the obligations of the position.
I hereby accept the appointment as registered		

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.

Example:	·		
X_Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	KOLOGE, RICHARD	15928 FISHHAWK VIEW DR LITHIA, FL 33547
Add Remove			
2) Change			
Add			- Laile distant
Remove			
3) Change			The second section of the sect
Add			envisioner in the control of the con
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	18		
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
<u> </u>	
	•
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
covisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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$\nabla - 14 - D$
The date of each amendment(s) adoption:
Effective date if applicable: 8-13-12
(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)
(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 8+14-12
Signature A (1947)
(By a director, president of 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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)