P13000069784

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,	·	
	y/State/Zip/Phone	<u> </u>
(Cit	yiStateizipirnoni	c #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
•	•	•
	cument Number)	
(D0	cament Namber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
,	,g =	
!		
,		





400257517404

03/07/14--01036--005 **35.00

14 MAR -7 AM 8: 13
SECRETARY OF STATE
STATE AND SOFF FLORIDA

MAR 1 1 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	PURIFY E SER: P13000069	BEAUTY, INC 784	•
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	DORCAS TRO	CHE	
	RCG ACCOUN		OCIATES INC.
	9000 SHERIDA		
	PEMBROKE P	Address PINES, FL 330 City/ State and Zip Code	
DT	ROCHE@BEL E-mail address: (to be us		Γ
For further information	concerning this matter, pleas	se call:	
DORCAS T	ROCHE	at (954	, 862-2222
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation

FILED

14 MAR -7 AM 8: 13

PURIFY BEAUTY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000069784

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the EXPANDING HOPE, INC			The new
name must be distinguishable and contain the various "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ble:</u> <u>DDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>		
D. If amending the registered agent and/or registered agent and/or the new registered.		orida, enter the name o	of the
Name of New Registered Agent			
	(Florida street addres	s)	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	Registered Agent:		
Signature of	Navy Pagistaved Agant if	hanging	

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	PT	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	NICOLE PEREZ	10745 NW 23 CT
Add			SUNRISE, FL 33322
Remove			
2) Change	coo	RICARDO PEREZ	10745 NW 23 CT
Add			SUNRISE, FL 33322
Remove			
3) Change	P	NICOLE PEREZ	10745 NW 23 CT
✓ Add			SUNRISE, FL 33322
Remove			
4) Change	VP	RICARDO PEREZ	10745 NW 23 CT
Add			SUNRISE, FL 33322
Remove			
5) Change			
Add			
Remove			
6) Change		April	
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
<u>-</u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	
to the second se	·
	·

The date of each amendment(s) addite this document was signed.	doption:	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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 add action 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_3/4/2014	4	
Dated/	n : /)	
Signature	Theole Treesles	
	lirector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	NICOLE PEREZ	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	_

TALLAHASSEF FLORING