P160000 69550

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PUROVITE, INC				
DOCUMENT NUN	1BER: P 16000069550				
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.			
Please return all corr	respondence concerning this made	tter to the following:			
	TARIF GAFFAR				
		Name of Contact Person	n		
	PUROVITE, INC				
	Firm/ Company				
	7345 SW 45TH STREET				
	Address				
	MIAMI, FL 33155				
		City/ State and Zip Cod	e		
	TARIFG@PUROVITE.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
	on concerning this matter, pleas		1-7		
TARIF GAFFAR		at (<u>631</u>			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made p	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee		
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

	of
PUROVITE, INC	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P 16000069550	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	Thenew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F.,	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	
. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If any old make a six and a second	
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	
Name of New Registered Agent	
Name of New Negisterea Agent	_
	street address)
	,
New Registered Office Address:	Cuy) , Florida, (Zip Code)
	,
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age	nt:
hereby accept the appointment as registered agent. I am familia	r wan ana accept the oraganons of the position.
	•
	21
Signature of New	Registered Agent, if changing 5= 1

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DOWLAH, MOMIN UD	7345 SW 45th STREET
Add			MIAMI, FL 33155
X Remove			
2) Change	P	GENNADY ACKERMAN	28 LANGEVELD DRIVE
X Add			FREEHOLD, NJ 07728
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		_	_
Add			
Remove			

!/A	d sheets, if necessary).	(Be specific)			
					-
 					
	-				** *
-			 -		
			-		·- -
					
If an amendme	t provides for an exchar	ige, reclassification	, or cancellation of	issued shares,	
(if not ann	mplementing the amend cable, indicate N A)	<u>lment il not contain</u>	<u>ied in the amendm</u>	ent_itself:	
	ES USSIED TO DOWLA	CII AAZAANALATA			
ANCEL 30 SHA		AH, MOMIN UD			
SSIE 30 SHARE	TO GENNADY ACKER	RMAN			
 					
					

	loption:	, if other than the
date this document was signed.	V.2. 44	
06/1 Effective date <u>if applicable</u> :	1/2021	
THE COUNTY OF THE PARTY OF THE	tno more than 90 days after amendment file da	(e)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were se	pted by the shareholders. The number of votes cast for the a flicient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy	<u> </u>	
,	(voting group)	
06/11/2021		
Dated		
01	(H)	
selecte	rector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	TARIF GAFFAR	
	(Typed or printed name of person signing)	1
	VP	
	(Title of person signing)	