(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	77-2-7

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Palm Beach Pure, I	Inc.		
DOCUMENT NUME	BER: P170000001232			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Donna Cerrone			
		Name of Contact Perso	n	
	Palm Beach Pure, Inc.			
		Firm/ Company		
	10380 SW Village Center Dr	ive, Suite 352		
		Address		
	Port Saint Lucie, FL 34987			
		City/ State and Zip Cod	c	
Golde	enriverguy@gmail.com			
		sed for future annual report	notification)	
			,	
For further information	n concerning this matter, pleas	se cali:		
Donna Cerrone		772	341-6535	
Name of Contact Person		at (772) 341-6535 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section			Address Iment Section	
	sion of Corporations		un of Corporations	
P.O. Box 6327 Clifton Building				
Tall	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Palin Beach Pure, Inc.				
(Name of Corporation a	is currently filed with t	he Florida Dept. of State)		
P170000001232				
(Document	Number of Corporation	(if known)		
·	·			
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profi	it Corporation adopts the to	llowing amendm	ent(s) to
A. If amending name, enter the new name of the corpo	oration:			
			The nev	ı v
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp,"	corporation," "compan Inc." or "Co", A prof	ly," or "incorporated" or fessional corporation name	the abbreviation must contain th	n e
word "chartered," "professional association," or the abl		•		
			7	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	.00)			
(1-tincipul office address most be ASTREET ADDRE	. <u></u>)			
			35 to 30	
			- 12 - 2	m
C. Enter new mailing address, if applicable:			<u> </u>	\circ
(Mailing address MAY BE A POST OFFICE BOX)			हिंग 🙃	
	<u></u>		**1,	
D. If amending the registered agent and/or registered	office address in Florid	la, enter the name of the		
new registered agent and/or the new registered off	ice address:			
None of Non Davistana I taget				
Name of New Registered Agent				
	<u> </u>	·	·	
	(Florida street address)			
New Registered Office Address:		. Florida		
Hen Registered Office Address.	(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Code)	
New Registered Agent's Signature, if changing Register	ered Agent:			
I hereby accept the appointment as registered agent. I a	n familiar with and acce	pt the obligations of the pos	sition.	
· · · · · · · · · · · · · · · · · · ·				
Signatu	re of New Registered Ag	ent 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 <u>n Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Michael S Alexander	10380 SW Village Center Drive
X Add			Suite 352
Remove			Port St. Lucie, FL 34987
2) Change	D	Gary D Alexander	10380 SW Village Center Drive
X Add			Suite 352
Remove			Port St. Lucie, FL 34987
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

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		. •			
an amendment provides for an exc	hange, reclassif	ication, or can	cellation of iss	ued shares.	
rovisions for implementing the am (if not applicable, indicate N/A)	endment if not o	contained in th	e amendment	itselt:	
(у посаррисане, ілассае мл.ч.)					
				· · · · · · · · · · · · · · · · · · ·	

	08/14/2017	
The date of each amendment(s) a	doption:	if other than the
late this document was signed.	14/2017	
Effective date if applicable:		
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme afficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
08/14/20 Dated	017	
7)	
Signature	opma corone	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other cuted fiduciary by that fiduciary)	
	Donna Cerrone	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	