

P180000028911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

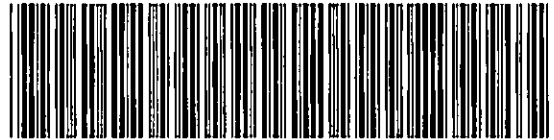
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PurGreen Health, Inc.

DOCUMENT NUMBER: P18000028911

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Martin
Name of Contact Person
Firm/ Company
2835 Lake Michaela Blvd.
Address
Valrico, FL 33596
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Martin at (904) 652-6958

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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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301


April 25, 2018

Florida Department of State,

Subject: PurGreen Health Inc. Ref. Number P18000028911

I had previously sent in a request to change the name to Maravida, Inc. but was denied due to a name conflict with P17000040981. I am the owner of Maravida, Inc. P17000040981 which I dissolved on 3/12/18. Therefore, I release the name to be used for P18000028911 as I am the same principal for both corporations.

Sincerely,

A handwritten signature in cursive script that reads "Angela Martin".

Angela Martin

2835 Lake Michaela Blvd.,

Valrico, FL 33596



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2018

ANGEL MARTIN  
2835 LAKE MICHAELA BLVD  
VALRICO, FL 33596

SUBJECT: PURGREEN HEALTH INC.  
Ref. Number: P18000028911

We have received your document for PURGREEN HEALTH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P17000040981 - MARAVIDA, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 818A00007738

Articles of Amendment  
to  
Articles of Incorporation  
of

PurGreen Health, Inc.

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

P18000028911

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Maravida, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

N/A

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

N/A

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

N/A

(Florida street address)

New Registered Office Address: N/A, Florida N/A  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>N/A</u> Change	_____	_____	_____
<u>N/A</u> Add	_____	_____	_____
<u>N/A</u> Remove	_____	_____	_____
2) <u>N/A</u> Change	_____	_____	_____
<u>N/A</u> Add	_____	_____	_____
<u>N/A</u> Remove	_____	_____	_____
3) <u>N/A</u> Change	_____	_____	_____
<u>N/A</u> Add	_____	_____	_____
<u>N/A</u> Remove	_____	_____	_____
4) <u>N/A</u> Change	_____	_____	_____
<u>N/A</u> Add	_____	_____	_____
<u>N/A</u> Remove	_____	_____	_____
5) <u>N/A</u> Change	_____	_____	_____
<u>N/A</u> Add	_____	_____	_____
<u>N/A</u> Remove	_____	_____	_____
6) <u>N/A</u> Change	_____	_____	_____
<u>N/A</u> Add	_____	_____	_____
<u>N/A</u> Remove	_____	_____	_____

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 4/12/18, if other than the date this document was signed.

Effective date if applicable: 4/12/18  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

- ☐ 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 April 12, 2018

Signature Angela Martin  
(By a director, president or 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)

Angela Martin

(Typed or printed name of person signing)

President

(Title of person signing)