P1900000 8675

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400334959754

10/14/19--01008--008 +*35.00

2615 C JT 14 FH 12: 01

R V

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PURE LE	10NS INC	
DOCUMENT NUMB	ATION: PURE LEF ER: PIGOOPOOS	6675	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	GREGORY F	EDANDO	
•		Name of Contact Person	1
	Promo & Ass	Name of Contact Person SOCIATES CPAS Firm/ Company	₽ <u>A</u>
		Finn/ Company	
	4100 Corpor	17E SQ #16	9
•		Address	
	NAPLES, FL	Address 34.04 City/ State and Zip Code	
•		City/ State and Zip Code	
	mail address: (to be us	amail. com	notification)
For further information	concerning this matter, pleas	se call:	
· · · · · · · · · · · · · · · · · · ·		at 239	434-8349 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle
			ssee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of	
PURE LEMONS INC	2019 GOT 14 FM 12: 1
(Name of Corporation as currently filed with th	e Florida Dept, of State)
71900008675	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	Corporation adopts the following amend

If amending name			KARTS	•	SPOT	iNC	
me must be disting	uishable and 'o.," or the de.	contain the	word "corpore Corp," "Inc," o	tion," "com r "Co". A p	pany," or ".	ncorporated"	The new or the abbreviation one must contain the
Enter new princip rincipal office addre							
Enter new mailin (Mailing address <u>A</u>			<u>E BOX</u>)				
. If amending the re new registered ago Name of New	egistered agent ent and/or the Registered Age	new regist	ered office addr	ess:			2 PA
new registered ago	ent and/or the	new regist	221 Hray	LEARS 15 17-22-00;	iate		2 A'C
new registered age	ent and/or the	new regist	221 Hray	ess: 1550 TEV-S R street address	iate	CPAS, F	A ⁽
Name of New	ent and/or the Registered Age d Office Addre	new regist	ered office addr CC DV 771 Hun (Florida NAPLES	Street address (City)	iate	CPAS, F	34109 (Zip Code)

Page 1 of 4

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>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	z Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	SUBANNE ZAINO	6771 HUNTERS ROAT
Add			NAPLES, FL 34,09
X_ Remove	Admin.		
2) Change		Perrino + Associates	PAS,PA
X Add		,	MAPLES, FL 34109
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chance			
6) Change			
Add			
Remove			

f amending or adding additional Arth Attach additional sheets, if necessary).	(Be specific)
·	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y maraphicuste, museuse 1021)	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as the
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"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. Signature (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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Precisent	
(Title of person signing)	