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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		•
NAME OF CORPOR	ATION: PURE	10 CORP	
DOCUMENT NUMB	er: <u>P210001</u>	03 867	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
-	Anton Geci	Name of Contact Person	1
-	MIA	Firm/ Company	
	USM Hauk		
-	<u> </u>	Address	
-	Jackson	VIIIE FI 32217	<u>e</u>
	_	Chy/ State and Zip Coo	c
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
Anton C	Je C i		531-8495
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	artment 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)
	ing Address		Address Iment Section
Amendment Section Division of Corporations		Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

	Articles of Inco	orporation		ű22
	of			· <u> </u>
Ç	URE 10 CC	RP		-0 -
(Name of	Corporation as currently	filed with the Flor	ida Dept. of State)	#. on
Pa	1000 10396	7		
	(Document Number of	Corporation (if kno	wn)	
				Fil. P3
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this I	Horida Profit Corpo	<i>ration</i> adopts the folic	owing-amendinent(s) t
A. If amending name, enter the new nam	ie of the corporation:			
	NIA			The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor" chartered," "professional association," or	p_i " "Inc," or "Co". A	company," or "incorport professional corpo	oorated" or the abbrev ration name must co	iation "Corp.,"
B. Enter new principal office address, if	annlicable:	MIA		
(Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		NIA		
(Maning data ess <u>59711-197711-003-0-1</u>	- 10,0 HO,1		-	
			•	
D. If amending the registered agent and/ new registered agent and/or the new i			r the name of the	
new registered agent and/or the new i	A / I A	.		
Name of New Registered Agent _		<u> </u>		
_	(Florida stre	et address)		
Van Business Office (d. laurer	N/ IA		, Florida	
New Registered Office Address;	<u> </u>	(City)		Zip Code)
		• •		•
New Registered Agent's Signature, if cha	nging Registered Agent:			
I hereby accept the appointment as register			bligations of the positi	on.
	۸۱, ۰			
	MIH			
	Signature of New Re	egistered Agent, if ch	nanging	
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)

Example:

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>1</u>	John Doe	
X Remove	<u>V</u> !	Mike Jones	
<u>X</u> Add	<u>sv</u> .	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TS_	Anton Geci	
Add			101 Lake City, Fl
X Remove			32025 US
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

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)	
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NIA	
	

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The date of each amendment(s) adoption:date this document was signed.	NIA	, if other than the
-	(no more than 90 days after amendment file date,)
Note: If the date inserted in this block does not document's effective date on the Department of S		ts, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the in action was not required.	acorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		endment(s)
☐ The amendment(s) was/were approved by the smust be separately provided for each voting g	shareholders through voting groups. The following contitled to vote separately on the amendment	
"The number of votes cast for the amend	lment(s) was/were sufficient for approval	2022
	g group)	2 S.P
Dated 09/14/2	222	16 ANIO
	ent or other officer – if directors or officers have porator – if in the hands of a receiver, trustee, or	
<u>A</u>	nton GeCi yped or printed name of person signing)	
	TS litle of person signing)	