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TALLAHASSEE, FLORIDATE

THE PRODUCT S. 7 2010

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE BETTER I	HEALTH	H FOUNDATI	ON CORP
DOCUMENT NUMB	ER: N0900003100			-
The enclosed Articles	of Amendment and fee are subm	nitted for fi	iling.	
Please return all corres	pondence concerning this matte	r to the foll	lowing:	
	<del></del>	E SAMLA	<del></del>	
	(Name of C	Contact Per	son)	
	THE BETTER HEALT	H FOUN	DATION COR	P
	(Firm/	Company)	I.	
	3430 N	IW 14 CT	Г	
		ldress)	<u> </u>	
<del></del>	LAUDERH (City/ State			
	(City/ State	and Zip Co	ode)	
<u> </u>	aelamadrio	d@gmail.	.com	
	E-mail address: (to be used		annual report notif	ication)
For further information	concerning this matter, please of	call:		
NALINIE SAMLAL		at ( 9	954 <sub>)</sub> 534-6°	166
(Name o	f Contact Person)	_ \	·	time Telephone Number)
Enclosed is a check for	the following amount made pay	able to the	e Florida Departme	ent of State:
	☐ \$43.75 Filing Fee & Certificate of Status	Certified (Additio enclosed	onal copy is d)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	z Address ment Section n of Corporations ex 6327 ssee, FL 32314	] [	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

#### **Articles of Amendment** to **Articles of Incorporation**



## THE BETTER HEALTH FOUNDATION CORPALLAHASSEE, FLORITATION (Name of Corporation as currently filed with the Florida Dept. of State)

(Maine of Corporation as Co	arrendy med with the Fiorian Dept. of State
N	0900003100
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.10 he following amendment(s) to its Articles of	006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopted for Incorporation:
A. If amending name, enter the new nam	e of the corporation:
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	nd contain the word "corporation" or "incorporated" or the y" or "Co." may not be used in the name.
B. Enter new principal office address, if a Principal office address MUST BE A STR	applicable:
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	
<ol> <li>If amending the registered agent and/onew registered agent and/or the new remains and/or the new registered.</li> </ol>	or registered office address in Florida, enter the name of the registered office address:
Name of New Registered Agent:	
	300 S. PINE ISLAND RD, STE 240
New Registered Office Address:	(Florida street address)
	PLANTATION , Florida 33324
	(City) (Zip Code)
· · · · · · · · · · · · · · · · · · ·	ered agent. I am familiar with and accept the obligations of th
-	Signature of New Registered Agent, if changing
New Registered Agent's Signature, if characteristic description and the Agent's Signature, if characteristic description.	ered agent. I am familiar with and accept the obligations of the

### 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	SAMLAL, NALINIE	3430 NW 14 CT LAUDERHILL, FL 33311	☑ Add ☐ Remove
<u>VP</u>	BELNAVIS, GLENROY	3101 NW 47TH TERRACE, BLDG 4, APT 234 LAUDERDALE LAKES,FL 33319	☑ Add ☐ Remove
<u>VP</u>	SAMLAL, NALINIE	3430 NW 14 CT LAUDERHILL, FL 33311	☐ Add ☐ Remove
(attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific esident: BELNAVIS, GLENROY. 3	<i>::)</i>	I DG 4 APT 234
		TOT TOT TENTAGE, B	200 4, 711 1 204
LAUDERDA	LE LAKES,FL 33319		
· · ·	A		
<del></del>			

The date of each amendment(s) adoption: 10/01/2010
Effective date if applicable: (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendments was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 10/01/2010  Signature × Ni Sambel
Signature × Ni Sambel
(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)
Wæliwie Sava (a/ (Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
( i tile of person signing)

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