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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: New Life/Nueva Vida AG INC
DOCUMENT NUMBER: N 180000 9668
DOCUMENT NUMBER: 137// OCC 70 19 9
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Noe Irizarry (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
10076 Esperanza Circle
(Address)
Fellsmere, FL 32948 (City/State and Zip Code)
(City/ State and Zip Code)
New Life Nyevavidan GO G Mail Com E-mail address: (to be used for future annual report-notification)
E-mail address: (to be used for future annual report-notification)
For further information concerning this matter, please call:
Noe Irizarry at (561) 352 - 6578 (Area Code) (Daytime Telephone Number)
(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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)  \$52.50 Filing Fee Certificate of Status (Certified Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Article.	5 of Amendiacit
Articles	to of Incorporation
A	of Control
New life IN	of Incorporation of  Jeva Vida AG INCE B  thy filed with the Florida Dept. of State)
	tly filed with the Florida Dept. of State)
N18000009	668
	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>οπ:</u>
	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	10070 Esperanza (ircle
Principal office address <u>MUST BE A STREET ADDRESS</u> )	10076 Esperanza Circle Fellsmere, FL 32948
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 156
	Fellsmere, FL 32948
	I CIDIMEIC, FC Ja-198
<ol> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ad</li> </ol>	
Name of New Registered Agent:	
\(	CO76 Esperanza Circle
New Registered Office Address:	(Florida street address)
	ellemace Prulo
	City) Florida 33948 (Zip Code)
lew Registered Agent's Signature, if changing Registered A	Agent:
hereby accept the appointment as registered agent. I am fam	mun wan and accept the obligations of the position.
Sie	nature 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 <math>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:  X Change X Remove X Add	PT John Doc V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	T Leobardo Gamez	9305 126+12 Ave. Fellsmere, FL 32948
2)Change	T Maria E Vasquez	P.O. Box 940 Fellsmere, FL 32948
Remove 3) Change Add		
Remove  Change Add		
Remove  5) Change  Add		
Remove 6) Change Add Remove		

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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 will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) 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	
Signature OP the skill the second and the board are ideal as a thoraction is director.	
(By the chairman or vice chairman of the board, president or other officer-if directors 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)	
Genion Paston (Title of person signing)	