

PD9000084677

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RECEIVED
DIVISION OF CORPORATIONS
10 JUN 22 PM 4:00

Amend
C.COULLIETTE

JUN 22 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOREVER HEALTHLY CORP.

DOCUMENT NUMBER: P09000084677

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

Please return all correspondence concerning this matter to the following:

CYNTHIA MONTERO

Name of Contact Person

FOREVER HEALTHLY CORP

Firm/ Company

8045 NW 36TH STREET, SUITE 500-A

Address

DORAL, FL 33166

City/ State and Zip Code

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

For further information concerning this matter, please call:

Cynthia Montero

Name of Contact Person

at (

786)

Area Code & Daytime Telephone Number

486-4278

Enclosed is a check for the following amount made payable to the Florida Department 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2010

CYNTHIA MONTERO
FOREVER HEALTHY CORP.
8045 NW 36TH ST., STE 500-A
DORAL, FL 33166

SUBJECT: FOREVER HEALTHY CORP.
Ref. Number: P09000084677

We have received your document for FOREVER HEALTHY CORP. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The amendment must be filed pursuant to section 607.1006 of the Florida statutes. I am enclosing our form for you to either complete or use as a guide to be sure you meet the requirements to file an amendment.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 710A00013920

RECEIVED
JUN 22 AM 6:00
SECRETARY OF STATE
TALLHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOREVER HEALTHY CORP.

DOCUMENT NUMBER: P09000084673

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

Please return all correspondence concerning this matter to the following:

Cynthia Montero

Name of Contact Person

Forever Healthy Corp

Firm/ Company

8045 NW 36 Street, Suite 500-A

Address

Doral, FL 33166

City/ State and Zip Code

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

For further information concerning this matter, please call:

Cynthia Montero

at (786) 486-4278

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

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

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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

Articles of Amendment
to
Articles of Incorporation
of

Forever Healthy Corp

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

P09000084677

(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:

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**)*

8045 NW 36 Street Ste500A
Doral, FL 33166

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

P.O.Box 800040
Miami, FL 33280

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(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

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DIVISION OF CORPORATE REGISTRATION
FLORIDA DEPARTMENT OF REVENUE

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>	<u>Type of Action</u>
President	Cynthia Montero	8045 NW 36 St, Ste 500A Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Maria C.Quiroga	8045 NW 36 St, STE500A Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The corporation shall have the authority to issue: 100
 (one hundred) shares of stock: 50% of shares to Cynthia Montero
 and 50% shares to Maria C.Quiroga.

The date of each amendment(s) adoption: 06-17-10
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 06/17/2010

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)

Cynthia Montero
(Typed or printed name of person signing)

President
(Title of person signing)