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JUL 10 2015 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ Thrivelife, Inc. P15000048477 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cristina Monaro Name of Contact Person CM Accounting & Tax Service Inc Firm/ Company 1819 SE 17th Street, Ste 801 Address Fort Lauderdale, FL 33316 City/ State and Zip Code cristina@cmtax.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cristina Monaro Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

15 JUL - 7 PH 3: 28

(Name of Corporation as currently filed with the Florida Dept, of State)  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  Beholden, Inc.  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain 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)  N/A  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  Cristina Monaro	Thrivelife, Inc.		
(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  Beholden, Inc.  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain 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)  C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  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:  Cristing Managero.	(Name o	f Corporation as currently	filed with the Florida Dept. of State)
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  Cristing Monaro	"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "C tion," or the abbreviation "F	o". A professional corporation name must contain the
O. 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:	B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )		А/и
new registered agent and/or the new registered office address:			N/A
Name of New Registered Agent	new registered agent and/or the new	v registered office address:	ss in Florida, enter the name of the
1010 07 17 0 0 001	Name of New Registered Agent		
1819 SE 17 St, Ste 801			
(Florida street address)  Fort Landerdale 33316		•	,
New Registered Office Address:, Florida	New Registered Office Address:		, Florida
New Registered Office Address: Fort Lauderdale , Florida 33316 (City) (Zip Code)	New Registered Office Address:		, Florida

## 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		- N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		/	
Add	/	/	
Remove			
5) Change			
Add			
Remove			
6) Change			
	<del></del>	<del></del>	
Add			
Remove			

Page 2 of 4

	ticles, enter change(s) here: (Be specific)
	NOT APPLICABLE
<del></del>	
, , , , , , , , , , , , , , , , , , , ,	
f an amendment provides for an excl provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate 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(by the shareholders was/were sufficient for approval.	(S) .
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated June 30, 2015	
Signature DIM X A LLX	
(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 cou appointed fiduciary by that fiduciary)	п
Beth Graves	
(Typed or printed name of person signing)	
, 41 a E E	
President	
(Title of person signing)	