

ND20000001816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

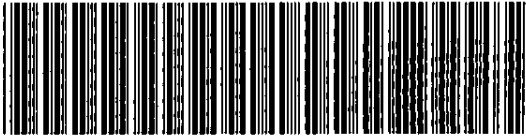
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
10 DEC 15 AM 10:29

Amend  
@ 12/17/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Ultra for Life, Inc.

**DOCUMENT NUMBER:** N02000001816

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

Please return all correspondence concerning this matter to the following:

Adriana Pirela  
(Name of Contact Person)

(Firm/ Company)

1000 NW 14th Street  
(Address)

Miami, FL 33136  
(City/ State and Zip Code)

adriana@bailbonds.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adriana Pirela at ( 305 ) 381-7077  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

December 2, 2010

ADRIANA PIRELA  
1000 NW 14TH STREET  
MIAMI, FL 33136

SUBJECT: ULTRA FOR LIFE INC.  
Ref. Number: N02000001816

We have received your document for ULTRA FOR LIFE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 610A00028059

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC 16 AM 10:59

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

Ultra for Life, Inc.

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

N02000001816

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 DEC 15 AM 10:29

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" 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:**  
*(Principal office address MUST BE A STREET ADDRESS)*

1000 NW 14th Street

Miami, FL 33136

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

1000 NW 14th Street

Miami, FL 33136

**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)*

\_\_\_\_\_, Florida

*(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*

**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)*

CONTINUED ON ADDITIONAL SHEET

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DP	Alex Omes	300 Biscayne Blvd. Way #904 Miami, FL 33136	<input type="checkbox"/> Add <input type="checkbox"/> Remove
DV	Russell C. Faibisch	1575 NW 14th Street Miami, FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DP	Russell C. Faibisch	1000 NW 14th Street Miami, FL 33136	<input checked="" 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)*

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ARTICLES OF AMENDMENT TO ULTRA FOR LIFE, INC. N02000001816

PART D.- CONTINUED

TITLE	NAME	ADDRESS	TYPE OF ACTION
VP	Adam Russakoff	1000 NW 14 <sup>th</sup> Street Miami, FL 33136	ADD
DS	Charles Faibisch	1000 NW 14 <sup>th</sup> Street Miami, FL 33136	ADD

The date of each amendment(s) adoption: 12/08/2010  
*(date of adoption is required)*


Effective date if applicable: 12/08/2010  
*(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 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 12/08/2010

Signature   
(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)

Russell C. Faibisch  
(Typed or printed name of person signing)

Director / Vice-president  
(Title of person signing)