N02000008533

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To whom I may concern:

I hope I have done this correctly. William Kight has been added as the Secretary of the corporation. So, I selected change and then added as Secretary/Director.

Thank you.

Michael Turner Pres.

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATI	LifeLink International ON:	al, Inc		
	N02000008533			
DOCUMENT NUMBER:	•			
The enclosed Articles of Ar	mendment and fee are sub	nitted for filing.		
Please return all correspond	lence concerning this matte	er to the following:		
Michael S Turner				
		(Name of Contact Perso	n)	
LifeLink International, Inc				
		(Firm/ Company)		
P.O. Box 354150				
-		(Address)		
Palm Coast Florida 32135				
		(City/ State and Zip Cod	le)	
mturner@lifelinkint.org				
	E-mail address: (to be used	for future annual report	notification	n)
For further information cor	cerning this matter, please	call:		
Michal S Turner			4-742-3946	
	(Name of Contact Person) at (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida Dep	artment of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Amendm			Address dment Sect	ion
Amendment Section Division of Corporations			on of Corpe	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

Ai	rticles of Amendment	
Ari	to ticles of Incorporation	Mark 1
	of	
LifeLink International, Inc.		
Name of Corporation as currently filed with the Flor	ida Dept. of State)	10 g 3
N02000008533		29. 2
(Document N	lumber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporate	
D. F-4incinct off	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(
		
D. If amending the registered agent and/or registered	l office adduces in Florida	antou the name of the
new registered agent and/or the new registered off		, errer the name of the
Name of New Registered Agent: N/A		
Name of New Registered Agent.		
		lorida street address)
New Registered Office Address:	,-	· · · · · · · · · · · · · · · · · · ·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	arad Agant:	
New Registered Agent's Signature, it changing Registry I hereby accept the appointment as registered agent. I a		t the obligations of the position.
· · · · · · · · · · · · · · · · · · ·	•	
	Signature of New Regis	tered 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 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) × Change Add	SD	William Kight	9279 Tophill Court Jacksonville, FL 32225
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
N/A		<u> </u>	
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			51		
The date of each amendment	(s) adoption:				, if other than the
date this document was signed.					
Effective date <u>if applicable</u> :	04/01/2022				
	(no more than !	90 days after ame	rndment file dat	re)	

Adoption of Amendment(s)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

=	There are no ment adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	04/01/2022
	Signature	Mill In Pires 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)
		Michael S Turner
		(Typed or printed name of person signing)
		Director/President
		(Title of person signing)