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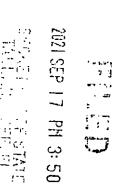
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

CENTER OF CON NAME OF CORPORATION:	SCIOUSNESS, INC.	
N06000006093		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sul	mitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
James W Toole		
	(Name of Contact Person)	
Spirit of Life International		
	(Firm/ Company)	
4715 Country Manor Dr		
	(Address)	.,
Sarasota, FL 34233		
	(City/ State and Zip Code)	
spiritoflifeinternational@gmail.com		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, pleas	e call:	
James W Toole	941 at	330-5031
(Name of Contact Person		(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of St	ate:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy Certified (Additional copy is Certified Copy)	ate of Status d Copy onal Copy is

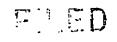
Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CENTER OF CONSCIOUSNESS, INC.

2021 SEP 17 PH 3: 50

Name of Corporation as currently filed with the Flori	ida Dept. of State)
N06000006093	3 <u>121</u> /21
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corp	poration:
Spirit of Life International, Inc.	The r
name must he distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRI	ESS) _{N/A}
	N/A
	19/74
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	N/A
	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent:	
N/A	
New Registered Office Address:	(Florida street addr e ss)
N/A	Florida N/A
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
I hereby accept the appointment as registered agent. I a	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)

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	PT John Do V Mike Jo SV Sally Sr	neş	
Type of Action (Check One)	Title	Name	Address
1) N/A Change	N/A	N/A	N/A N/A
N/A Remove			<u>N/A</u>
2) N/A Change	<u>N/A</u>	N/A	N/A N/A
N/A Remove 3) N/A Change N/A Add N/A Remove	N/A	N/A	N/A N/A N/A N/A
4) NA Change	N/A	N/A	N/A N/A
NA Remove			N/A
5) N/A Change Add	<u>N/A</u>	<u>N/A</u>	N/A N/A
NA Remove			N/A
6) NA Change	N/A	N/A	N/A N/A
N/A Remove			N/A
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
N/A			

N/A
N/A
The date of each amendment(s) adoption: 9/15/21, if other than the date this document was signed.
Effective date if applicable: 9/15/21 (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 be listed as the document's effective date on the Department of State's records.
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.		
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) James W Toole		
(Typed or printed name of person signing)		
Director - President		
(Title of person signing)		