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R. WHITE

COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CORPOR		f Life Nay	oles Inc.
DOCUMENT NUMB	er: <u>N 08000</u>	000 631	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Jill	Name of Contact Person	
	1425 (Firm/Company	
	1425 (Fort 1	Address Wess F2 3 (Gty/ State and Zip Code	53919
	Pasto Sp E-mail address: (t) be us	-	il, Com notification)
For further information	concerning this matter, pleas	e call:	
SIL S) Dans	at (239	G1. 5760
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment 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		Street Address	
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
	shassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

FILER Articles of Amendment Articles of Incorporation JUL 15 MII: 53 (Document Number of Corporation (if known) 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: 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. Tamiami Trail North 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: Name of New Registered Agent: New Registered Office Address: 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.

Page 1 of 4

ture 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	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u> _	Annette Scora	14901 Park Lake Dr. #109 Fort Myan FL 33919
Remove 2) Change Add	D	Michele Anostasi	8818 Banyan Cove Circle Fort Myors F2 33919
Remove 3) Change Add	1/5	J.11 Sparrow	1425 Collins Rd Fact Myers FZ 33919
Change Add	P	Robert Spanow	1425 Collins Rd Fort Myers F2 33919
RemoveAdd	TR	Gaspar Anastasi	8818 Banyan Core Circle Fat Lyen F2 33919
Remove 6) Change Add Remove			

E. <u>If amending or adding additional Arti</u> (attach additional sheets, if necessary).	icles, enter change(s) l (Be specific)	nere:	
none			
	<u> </u>		<u>-</u>
		,	
			<u> </u>
			1801.01.11.11

The date of each amendment(s) adoption: 7813					
	Effective date if applicable:				
	(no more than 90 days after amendment file date)				
Ado	option of Amendment(s) (CHECK ONE)				
122	The amendment(s) was/were adopted by the members and the number of votes east 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				
	Signature (hel In Nou)				
	(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)				
	Jill Spanas				
	(Typed or printed name of person signing)				
	(Title of person signing)				
	(Title of berson signing)				