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COVER LETTER

TO: Amendment Section Division of Corporations

LIF	EREALIZED, INC.
DOCUMENT NUMBER: N100000	
The enclosed Articles of Amendment a	nd fee are submitted for filing.
Please return all correspondence conce	ming this matter to the following:
William Lundgren	
	(Name of Contact Person)
	(Firm/ Company)
1811 Englewood Road, #204	
	(Address)
Englewood, FL 34223	
	(City/ State and Zip Code)
bill.lundgren52@gmail.com	
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this	matter, please call:
William Lundgren	603-490-851
(Name of	Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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	. Г	r	т.	r.	r	۱L.	1.	CLA	. 1	11.

(Name of Corporation	as current	y mea wan the raoi	iua Dept. of State)		
N10000004906					
(Docum	ent Numbe	r of Corporation (if kr	iown)		
ursuant to the provisions of section 617.1006. Flor mendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not Fo</i> r	Profit Corporation ado	pts the folk	owing
. If amending name, enter the new name of the	corporatio	on:			
N/A				The	e new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		on" or "incorporated	" or the abbreviation "C	Torp." or ".	Inc. "
F	blar	N/A			
Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u>			-	<u> </u>	
				. <u> </u>	
		<u>-</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	RAY)	N/A			
(Statting duaress SIAT BE ATOST OFFICE I	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				-
					_
 If amending the registered agent and/or registered agent and/or the new registered 	<u>tered offic</u> ed office ac	<u>e address in Florida,</u> idress:	enter the name of the	to.	<u>~</u>
new registered agent and/or the new register	N/A	<u>101 (33 .</u>		3 <u>E</u>	610
Name of New Registered Agent:	-	<u> </u>	.		<u></u>
		(F)	orida street address)	SS	_
<u>New Registered Office Address:</u>				יידו יידו יידו	모
	N/A 		, Florida _		+
		(City)	(Zip Co	ode v 🚎	7
iew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered 1. I am far	Agent: niliar with and accept	the obligations of the po		
-		onature 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: \underline{X} Change \underline{X} Remove \underline{X} Add	$\overline{\underline{\mathbf{V}}}$ Mike	Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DS	Laurie O Gara	185 Winson Ave.
Add			Englewood, FL 34223
X Remove			
2) Change	DT	Andrea Shlasko	10391 Medjool Dr.
Add			Venice, FL 34293
X Remove			
3) Change	D	Lester Bernstein	349 West Dearborn Street
Add			Englewood, FL 34223
X Remove			
4) X Change	D	Judith A. Jenkins	981 Ohio Ave.
Add			Englewood, FL 34223
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	<u>'e</u> :		
N/A				
			<u>.</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	listed as the
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 <u>6/27/19</u>	
Signature Mill Ton	_
(By the chairman of 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)	
William Lundgren	
(Typed or printed name of person signing)	
Director/Registered Agent	
(Title of person signing)	