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M. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOANNA F	rancis Living	g Well Inc.
DOCUMENT NUMBER: N11000009	827	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Jennifer e Taylor		
	(Name of Contact Person)
Joanna Francis Living we	ell Inc	
	(Firm/ Company)	
1393 Ferzon Way		
	(Address)	
Tallahassee Florida 323	12	
	(City/ State and Zip Code	2)
Livingwellintally@	•	
E-mail address: (to be used For further information concerning this matter, please		ouncation)
Jennifer Taylor	at (850	508-3622 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

•	Articles	of Incorporation of			1
Joanna Francis Living W	ell Inc.		14	JAN 15	PH 1:00
(Name of Corporation as currently	y filed with the Flo	rida Dept. of State)	SEC	WITH Y	 Gerain
N11000009827			JALI	AHASE!	GERATE TAREA
(Docu	ment Number of Co	rporation (if known)			
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For F</i>	Profit Corpora	tion adopts	the following
A. If amending name, enter the new name	ne of the corporati	on:			
NA					The new
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporat	ion" or "incorporated"	or the abbrevi	ation "Cor	
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>	fapplicable:	NA			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		NA			
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			ter the name	of the	***************************************
New Registered Office Address:		(Florida street address)			
	NA (Cital)		, Florida	(71)	7 - 4 -)
	(City)			(Zip C	.oae)
New Registered Agent's Signature, if ch	anging Registered		1 fr 41	. Cat	

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

Page 1 of 4

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 V SV	John Doe Mike Jone Sally Smit	<u>es</u>	
Type of Action (Check One)	<u>Title</u>	<u> 1</u>	Name .	<u>Addres</u> s
1) Change			NA	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add		_		
Remove				
5) Change				· · · · · · · · · · · · · · · · · · ·
Add				·····
Remove				
6) Change				
				· · · · · · · · · · · · · · · · · · ·
Add				
Remove			D-11 2 164	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article IX Dissolution. Upon dissolution, all of the corporations assets after payment
of all costs and expenses of such dissolution shall be distributed for an exempt
purpose to any organization which shall thenbe qualified for exemption under
26 U.S.C.A 501(c)(3) and to which contributions shall be permitted as a deduction
under sections 170,2055, or 2522 of the federal tax code as applicable, or to the federal
government, or to a state or local government for a public purpose. None of the assets shall be distributed
to any officer, director, or member of the corporation or any other person not described in the preceding sentence

The	e date of each amendment this document was signed	t(s) adoption: O-1-13	, if other than the		
Effective date if applicable:		6-1-13			
		(no more than 90 days after amendment file date)			
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.			
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.			
	Dated 10-	1-13			
	Signature Jen	nifer E Taylor			
	(By the have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
	Jennifer E Taylor				
		(Typed or printed name of person signing)			
	Directo	r			
		(Title of person signing)			