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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: LIFESTAR WI	ELLNESS ORGANIZATION, IN	IC
DOCUMENT NUMBER: N1300000538	36	
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
JENNY B. IBARRRA		
(Na	ame of Contact Person)	_
LIFESTAR WELLNESS O	RGANIZATION, INC	
	(Firm/ Company)	
3621 SW 107 AVE		
	(Address)	
MIAMI, FLORIDA 33165		
(Cit	ty/ State and Zip Code)	
lifestar.organization		
E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, please call	l:	
JENNY B. IBARRA	at (786) 303-5079 (Area Code & Daytime Telephone Number	
(Name of Contact Person)	(Area Code & Daytime Telephone Number	er)
Enclosed is a check for the following amount made payab	ele to the Florida Department of State:	
(,	S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



LIFESTAR WELLNESS ORGANIZATION, INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corporat	ion:		
N/A	The new		
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	3621 SW 107 AVE		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	MIAMI, FLORIDA		
	33165		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4145 SW 190 AVE		
	MIRAMAR, FLORIDA		
	33029		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office: Name of New Registered Agent:	ce address in Florida, enter the name of the address:		
New Registered Office Address:	(Florida street address)		
	, Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	Agent: amiliar 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 <math>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.

X Change X Remove X Add	<u>V</u> Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPTD	IBARRA, EDUARDO	1841 SW 179 AVE
Add			HOLLYWOOD, FL
X Remove			33029
2) Change	D	LOPEZ, ROSA M.	5921 W 28 AVE
Add			HIALEAH, FLORIDA
X			33016
3) Change	D	RIZZO, NICOLE	3332 TORREMOLINOS AVE
Add			DORAL, FLORIDA
X Remove			33178
4) X Change	PSD	IBARRA, JENNY B.	4145 SW 190 AVE
Add			MIRAMAR, FLORIDA
Remove			33029
5) Change	TD	BRAVO, CARLOS E.	2205 NW 167 AVE
X Add			MIRAMAR, FLORIDA
Remove			33028
6) Change			
Add			
Remove			

E. If amending or addi (attach additional she	ng additional Artic	les, enter chan	ge(s) here:		
(attach additional she	ets, if necessary).	(Be specific)			
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INONE			- 		
					
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	date of each amendment(s) adoption: NOVEMBER 18, 2014 this document was signed.	, if other than the		
	Effective date if applicable: NOVEMBER 18, 2014			
	(no more than 90 days after amendment file date)			
Ada	ption 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 12/04/2014			
	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)			
	JENNY B. IBARRA	•		
	(Typed or printed name of person signing)			
	PSD			
	(Title of person signing)			