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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	<i>PURPOSEFUL</i>	- LIFE 1	NC	
DOCUMENT NUMBER:	N140000	006406		
The enclosed Articles of Amendment	and fee are submitted for filing			
Please return all correspondence conc	erning this matter to the follow	ing:		
<i></i>	12,MA KANJ (Name of Com	Part Parson)		
Financial A	Ccounting S	npany)	PLC	
730 W. Co	Conial by			<u>2</u>
				0 원
Orlan do	(City/ State and	2804		P 21
	(City/ State and	d Zip Code)		
Finacctsv	cegmail. Condress: (to be used for future annu	า		AM II:
E-mail add	Iress: (to be used for future anni	ual report notificatio	n)	100
For further information concerning th	is matter, please call:			
		at 407	423~2371 (Daytime Telephone N	¥ 112
(Name o	f Contact Person)	(Area Code)	(Daytime Telephone N	umber)
Enclosed is a check for the following				
\$35 Filing Fee	5 Filing Fee & S43.75 Filing ficate of Status Certified Co (Additional enclosed)	copy is Certif	icale of Status icd Copy tional Copy is	
Mailing Address Amendment Sectio Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro Tallahassee, FL3	orations Callahassee e Street, Suite 810	

## Articles of Amendment Articles of Incorporation

			رم.	28 2
	ر سولیان	es of Amendment	`@	3 4 15
	Article	to	,	
	Articles	s of Incorporation		and the
Purpo	SEFUL LI	of IFE INC		7/1
Name of Corporation as currentl	<u>v filed with the Florida D</u>	Dept. of State)		
	N1400	0006406		
		er of Corporation (if knowt	1)	
Pursuant to the provisions of section mendment(s) to its Articles of Inco  A. If amending name, enter the n	rporation:		ofit Corporation adopts the fol	lowing
		<del>_</del>		
name must he distinguishable and co "Company" or "Co." may not he u		tion" or "incorporated" or		ie new Inc."
B. Enter new principal office add Principal office address <u>MUST BI</u>			East Fletche	er A
		suite	109	
		Tampa,	F1. 33637	
C. Enter new mailing address, if (Mailing address MAY BE A Po		P. O. B.	54 411 F1 36647	<del>.</del>
		Tampa	F1 36647	7
D. If amending the registered age	nt and/or rogistored offic	co address in Florida out	or the name of the	<u></u>
new registered agent and/or th			a the name of the	
Name of New Reg				
		20 6 4	Mital A.	
	/	20 EasT (Florida	Fletcher Anstreet address)  Florida 3363	<u>~</u>
<u>New Registered (</u>	Office Address: So	u te 109	/	
	T	am sa	Florida336.5	<b>₹</b> 7
		(City)	(Zip Code)	<del></del>

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

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 Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		·	
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	<u> </u>	-		, if other than the
date this document was signed.	i .	<i>-</i> 0 0		
Effective date if applicable:	June 1.	5, 202	O	
(no n	iore inan 90 days d	ajier amenament	jue aaiej	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicab State's records.	le statutory filing	g requirements, this da	ate will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.
Dated 09/14/2020
Signature X A Cal
(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 tiduciary)
ARIF UR REHMAN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)