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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Life Tr</u>	ansition Skill	ls, Inc.
DOCUMENT NUMBER: <u>N 1500000</u> 2	7377	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Denise Devonish		
Derive Deventsii	(Name of Contact Perso	n)
Life Transition Stille In	,	
Life Transition Skills, Inc	(Firm/ Company)	
2027 Non Howard 12th Chron	+ -++ 22Q	
2603 Northwest 13th Street	(Address)	
Gainesville, Florida 320	,09	
	(City/ State and Zip Cod	e)
L'Es executive director @ 9m	ail.com	
		notification)
For further information concerning this matter, please	call:	
Denise Devonish	at (	(352) 225 - 8675 rea Code) (Daytime Telephone Number)
(Name of Contact Person	) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment of State:
Q∕\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□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		Address Iment Section
Division of Corporations		on of Corporations
P.O. Box 6327		entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

NIFE Iransition Skills, Inc.			
N 1500000 7377			
	iber of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not</i>	For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corpor	ation:		
			The new
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorpore	ted" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.)	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7020
			- : •
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		da, enter the name of the	五七十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		ept the obligations of the position.	
	Signature of New Res	istered 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 Y Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	<u> Virginia Mª Cormac</u>	229 SW 42nd Street Bainesville, FL 32607
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

·	
<del></del>	
The date of each amendment(s) adoption: June 5, 2020, if other the	-
The date of each amendment(s) adoption: Ulife 0, 2020 , if other the	an the
date this document was signed.	
Effective date if applicable: June 5, 2020  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
(no more man 20 days after amenament file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.	he
Adoption of Amendment(s) (CHECK ONE)	
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 1/30/2020
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)
Staci-Ann Bertrand
(Typed or printed name of person signing)
Chairman / President
(Title of person signing)