# N15000009103

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            | <u>.</u>    |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:                                       | Movement, Inc.  |
|--|---|
| N15000009103   |   |
| DOCUMENT NUMBER:   |   |
| The enclosed Articles of Amendment and fee are so          | ubmitted for filing.  |
| Please return all correspondence concerning this ma        | atter to the following:   |
| Johnny McCray  |   |
|  | (Name of Contact Person)  |
| M & A Professional Development Solutions, L.L.C            | <u>.</u>  |
|  | (Firm/ Company)   |
| 1117 West 20th Street                                      |   |
|  | (Address)   |
| Jacksonville, Florida 32209                                |   |
|  | (City/ State and Zip Code)  |
| jmmccray777@gmail.com                                      | ₹ <b>%</b> -  |
| E-mail address: (to be us                                  | sed for future annual report notification)                              |
| For further information concerning this matter, plea       | se call:  |
| Johnny McCray  | 904 3108476   |
| (Name of Contact Pers                                      |   |
| Enclosed is a check for the following amount made          | payable to the Florida Department of State:                             |
| □ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Statu | & 🗆 \$43.75 Filing Fee & S 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

|        | FII  | ED  |
|--------|------|-----|
| 201501 | 7/19 | ED  |
| Ero.   |      | Au. |

| Life Enchancing Movement, Inc.   |  | TASECTOR AM 10: 5                       |
|--|--|---|
| (Name of Corporation as  | currently filed with the Florida Dep   | ot. of State ) A A A A A A A            |
| N15000009103   |  | TOSEE, FISIATIO                         |
| (Document  | Number of Corporation (if known)       | - ORIDA                                 |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Profit  | Corporation adopts the followin         |
| A. If amending name, enter the new name of the co  | rporation:                             |   |
| Life Enhancing Movement, Inc.  |  | The nev                                 |
| name must be distinguishable and contain the word "c   | orporation" or "incorporated" or the   |   |
| "Company" or "Co." may not be used in the name.  |  |   |
| B. Enter new principal office address, if applicable:  | •                                      |   |
| (Principal office address <u>MUST BE A STREET ADD</u>  |  |   |
|  |  |   |
|  |  |   |
|  |  | *************************************** |
| C. Enter new mailing address, if applicable:   |  |   |
| (Mailing address <u>MAY BE A POST OFFICE BO)</u>   | <u> </u>                               |   |
|  |  |   |
|  |  |   |
|  | <del></del>                            |   |
| D. If amending the registered agent and/or register  | ed office address in Florida, enter th | he name of the                          |
| new registered agent and/or the new registered of  |  | <u></u>                                 |
| W  |  |   |
| Name of New Registered Agent:  |  | <u>,</u>                                |
|  |  |   |
| New Registered Office Address:   | (Florida stre                          | et address)                             |
| New Registered Office Address.   |  |   |
|  |  | , Florida                               |
|  | (City)                                 | (Zip Code)                              |
| New Registered Agent's Signature, if changing Regin hereby accept the appointment as registered agent. |  | gations of the position.                |
|  | Signature of New Registered Ag         | ent, 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 | <u>PT</u><br><u>V</u><br><u>SV</u>    | John Do<br>Mike Jo<br>Sally Sn | <u>nes</u> |         |
|-------------------------------------|---------------------------------------|--------------------------------|------------|---------|
| Type of Action<br>(Check One)       | <u>Title</u>                          |                                | Name       | Address |
| 1) Change                           |                                       | _                              |            |         |
| Add                                 |                                       |                                |            |         |
| Remove                              |                                       |                                |            |         |
| 2) Change                           |                                       | <u>-</u>                       |            |         |
| Add                                 |                                       |                                |            |         |
| Remove                              |                                       |                                |            |         |
| 3 ) Change                          |                                       |                                |            |         |
| Add                                 |                                       |                                |            |         |
| Remove                              |                                       |                                |            |         |
| 4) Change                           |                                       |                                |            |         |
| Add                                 | · · · · · · · · · · · · · · · · · · · | <del>-</del>                   |            |         |
| Remove                              |                                       |                                |            |         |
| 5) Change                           |                                       |                                |            |         |
| Add                                 |                                       |                                |            |         |
| Remove                              |                                       |                                |            |         |
|                                     |                                       |                                |            |         |
| 6) Change                           |                                       | _                              |            |         |
| Add                                 |                                       |                                |            |         |
| Remove                              |                                       |                                |            |         |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |   |  |             |                                       |   |  |
|---|---|--|-------------|---------------------------------------|---|--|
|   |   |  |             |                                       |   |  |
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|   |   |  |             |                                       |   |  |

|      |                                      | 10/05/2015  |                        |
|------|--------------------------------------|---|------------------------|
| Fhe  | date of each amer                    | ıdment(s) adoption:   | if other than the      |
| late | this document was                    | signed.   |                        |
| Effe | ctive date <u>if appli</u>           | cable:  |                        |
|      |                                      | (no more than 90 days after amendment file date)  |                        |
|      |                                      | ed in this block does not meet the applicable statutory filing requirements, this date wil<br>te on the Department of State's records.  | I not be listed as the |
| Ado  | ption of Amendme                     | ent(s) ( <u>CHECK ONE</u> )   |                        |
|      | The amendment(s) was/were sufficient | was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.   |                        |
|      | There are no memiadopted by the bo   | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.   |                        |
|      | Dated                                | 10/05/2015  |                        |
|      | 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)  Maurice Williams  |                        |
|      |                                      | (Typed or printed name of person signing)   |                        |
|      |                                      | President   |                        |
|      |                                      | (Title of person signing)   |                        |