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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Eat Better Live Better, Inc DOCUMENT NUMBER: N1600000536 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: eborah Tendrich
(Name of Contact Person) Eat Better Live Better Davit Circle Lake Worth FL 3346+ Families Eat @ gmail. Commail address: (to be used for future annual report notification) For further information concerning this matter, please call: eborah Tendrich
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Eat Better Live Be	Her, Ir	70		
(Name of Corporation as currer	tly filed with the Flo	orida Dept. of State)		
176000000 536				
(Document Numb	per of Corporation (if	known)		_
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	or Profit Corporation ac	dopts the followin	ıg
A. If amending name, enter the new name of the corporat	ion:			
NA			The nev	14)
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporate	ed" or the abbreviation '		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	7020 Laken	Davit Orth FL	<u>Circle</u> - 3341	; <u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7629 Lake	Davit C Worth, F	ircle L334	- - ! \ 'E''
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		a, enter the name of the	26 AM	
Name of New Registered Agent:	/ (263- 3-C	— — — — — — — — — — — — — — — — — — —
New Registered Office Address:	(.	Florida street address)		_
New Registered Office Address.	J D (City)	, Florida <i>(Zip C</i>		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ot the obligations of the p	oosition.	
<u></u>	ignature of New Regi	stered Agent, if changing	3	_

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	$\overline{\mathcal{D}}$	Windell Moses	70 Daviet Cir Lake Worth, FL 33969
2) Change Add	PTC	.20 <u>Deborah Tend</u> ,	ich 7029 Davit Cir Lakeworth, FL 33467
Remove 3) Change Add	$\overline{\mathcal{D}}$	Frank Desena	2029 Davit Circle Lakeworth, FL 33467
Remove 4) Change Add	D	Jacob Chacko	7029 Davit Cir Lakeworth, FL 33967
Remove 5) Change Add		NA	
Remove 6) Change Add		NIA	· .
Remove		Page 2 of 4	

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

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated O	9/16	
Signature		
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
Det	porah Tendrich	
	(Typed or printed name of person signing)	
<u></u>	co/Founder/President	
	(Title of person signing)	