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(Req	uestor's Name)	
- (Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	: #)
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(Doc	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Life Delot, IVIC
DOCUMENT NUMBER: N1700002539
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia Rizzo
(Name of Contact Person)
-
(Firm/ Company)
270 NE 57 Street
Ft. Landerdale FL 33334 (City/State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report not fication)
For further information concerning this matter, please call:
Mallory Hammond at 614 499-4056 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S35 Filing Fee S43.75 Filing Fee & Certified Copy (Certified Copy (Additional Copy is 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	Incor	poration
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Li	Fe]	of	64	111	<u>C ·</u>			
(Name of Corporation	as curren	100	000)25	539	<u>e</u>)		
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:			•			ion adopts the	: following	į,
A. If amending name, enter the new name of the	e corporati	on:					The new	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the nam		ion" or	"incorpo	raied" or	the abbrevia	tion "Corp."		
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		\triangle	1a					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<i>BOX</i>)	<u></u>	<u>a</u>			P (4	7018 JAN -2	-
D. If amending the registered agent and/or reginew registered agent and/or the new registered Agent: Name of New Registered Agent:				rida, ente	r the name o	of the 7:	29	
New Registered Office Address:				(Florida	street address)			
		(City))			orida <u> </u>		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ith and ac	ecept the o	obligations of	the position.		
_	A a	gnature	of New H	Registered	Agent, if cha	nging		

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: \underline{X} Change \underline{X} Remove \underline{X} Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	S	Bobbi Rogers	8381 NW Com Aue Tamarac FL 33371
2) X Change		Marie George	Stuart, FL 34994
Remove 3) Change Add Remove	0	Joseph Rimo	270 NE 57 8t Ft. Landerdalle FL 33334
4) X Change Add Remove	CFO T	Thao Ngy en	1189 SW 44th Ave Derfield Beach, FL 33442
5) Change Add		Christopher Murphy	Carrollton OH 44615
Remove 6)		AD TO THE STATE OF	COOL DOOD

Page 2 of 4

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ctron	Title	Name	Address
4 <i>2</i> 6	D	Cathy Wester	35 Andrew St #7 Manchester, NH 03104
:26	Ø	Candace DeMello	409 Flowing Creek Pr Evans, GA 30809
<i>ک</i> ک		Michelle Coper	1720 MW 118th Ave Pembroke Pines, FL 33026
<u>₹</u> S	Ŋ	Jack Archer	1606 N Weible St Pocabiontas, AR 72455
25	\bigcirc	Dara Ryan	Cell SW 78th terrace North Landerdale, FL 33068
3		MOST CONTROL OF THE PARTY OF TH	30000000000000000000000000000000000000
lease Tu	excuse my anhyon.	handwriting, I	Suffer from a disability.

Ex <u>If amending or adding additional Art</u> (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
Na			
<u> </u>			
		-	
			_
·			
			-
			-

	te this document was signed.	, if other than the
	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.	be listed as the
Ad	loption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	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 Oct 24, 2017	
	Signature Fatrue Formula (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)	
	Patricia Rizzo (Typed or printed name of person signing)	
	President	

(Title of person signing)